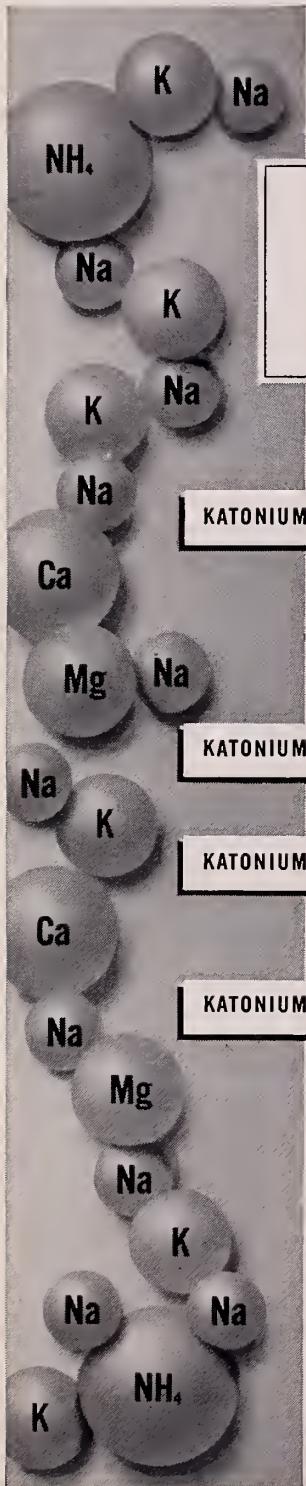




Harvard Medical Alumni Bulletin

Volume 27, Number 1

October, 1955



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Wm. C. Boeck, Jr. '53, and Donald Wysham, '53, and Fay Foto, Boston.

Frank B. Berry, '17

PRESIDENT, HARVARD MEDICAL ALUMNI ASSOCIATION

1952-1953



Frank B. Berry of New York City, elected to the presidency of the Harvard Medical Alumni Association at the Annual Meeting in June, is, like his predecessor Frederick A. Coller, '12, of Michigan, a distinguished and nationally known surgeon. Since 1946 he has been Professor of Clinical Surgery at the College of Physicians and Surgeons, Columbia University, and director of the First and Chest Surgical divisions at Bellevue Hospital. Behind these two appointments lie almost thirty years of close association with both medical school and hospital, beginning in 1923 with his appointment as a resident surgeon at Bellevue.

A native of Boston, Dr. Berry prepared for the Harvard Medical School at the Roxbury Latin School and Harvard College. Like most other members of the Class of 1917, his internship and residency training was postponed by the call to service in World War I. During his fifteen months' period of duty he worked as a pathologist in laboratories in this country and in Dijon, France. Another year in pathology, at the Boston City Hospital, followed before his interests finally turned to surgery, with his acceptance of a surgi-

cal internship at the Presbyterian Hospital, New York City, for the year 1920-21. Since 1924 his practice has been limited to surgery and he has risen steadily within his chosen specialty.

In World War II, Dr. Berry carried heavy responsibilities with great distinction, almost all of them in service overseas. For two years he was Chief of Surgery with the 9th Evacuation Hospital. Then came a year as Surgical Consultant to the Seventh Army and, following the end of the War, six months in Berlin as assistant chief of the Public Health Branch in the Control Council. His campaign service ribbon for World War II contains six stars for active campaigns and an amphibious landing operation. His decorations include the Legion of Merit, the Army Commendation and the Croix de Guerre.

In 1946 he received his honorable discharge from active service; but his interest in military surgery has continued unabated and he has contributed generously of his time to matters of public and military welfare, in spite of his increasingly heavy responsibilities at Bellevue and Columbia. He has served as a member of the Active Reserve, from which he was retired only in May of this year. In March 1949 he was appointed a Brigadier General, AUS, in the Reserve. For the past three years he has worked with the Committee of Medical Sciences of the Research Development Board, first as a member of the Panel on Military Medicine and for the past year as a member of the Committee itself. Last December he was sent to Korea as a consultant of the Surgeon General. Further public services include active participation in courses at the Graduate School of the Army Medical Center and consultant services to the Kingsbridge Veterans Hospital, New York City.

He has written widely for the medical

journals, particularly in the fields of general and thoracic surgery, his first article, in association with Walter M. Boothby, '06, appearing when he was a medical student. He is the author of the chapter on military surgery in Cole and Elman's "Surgery." Among his many professional memberships the following may be mentioned: the American Association of Thoracic Surgery, of which he is a past presi-

dent, the American College of Surgeons, the American Surgical Association, the New York State Surgical Society and the Society of Medical Consultants of World War II. He is a Diplomate of the American Board of Surgery and of the American Board of Thoracic Surgery and a member of the Medical and Surgical Club of New York, the Halsted Club and the Excelsior Club.

Alumni and Class Days

Alumni Day and Class Day were held this year on May 28 and 29. Over six hundred alumni attended the various exercises. This was exactly twice the number which attended the first resumption of this meeting last year. The enthusiasm which attended the meeting makes it seem wise next year to combine the Annual Meeting of the Alumni Association with Alumni and Class Days. Accordingly, instead of having the Annual Meeting at the time of the A.M.A. when a considerably smaller number of the alumni are present, it will be conducted briefly on Alumni Day next year. The wide geographic representation at Alumni Day for the reunions will make this a more representative gathering than one held during the A.M.A. meeting. However, the custom of having a dinner and a purely social gathering during the A.M.A. Annual Session will be continued.

The Meeting this year was inaugurated by a brief welcoming address by President Conant. The Association was then addressed by Dr. John W. Cline, President of the American Medical Association.

Following Dr. Cline's address, a buffet luncheon was served in the Quadrangle. The numerous photographs in this issue

indicate the warmth and enthusiasm which characterized the occasion. The amphitheatre in Building E was crowded to overflowing for the afternoon Symposia. Space does not permit an adequate account of these presentations. Dr. Kendall Emerson's description of how to get your sons into Harvard was of particular interest and is printed in this issue. For those who missed this occasion or who failed to see the program previously printed, the following list of speakers with their subjects will be of interest:

Dr. Mark D. Altschule—Recent Advances in a Backward Field, or Relations between Endocrinology and Psychiatry from 1682 A.D. to the Present Day.

Dr. Walter Bauer—The Modern Medical Trilogy.

Dr. Kendall Emerson, Jr.—How to Get your Sons into Harvard Medical School.

Dr. Dwight E. Harken—The Abuse of the Surgeons by Physicians whose Patients have Mitral Stenosis.

Dr. A. Baird Hastings—Biological Adventures with Isotopes.

Dr. Arthur T. Hertig—A Pathologist's Retreat into the Embryonic State.

Dr. Eugene M. Landis—The Human Element in First-Year Physiology.

Dr. S. Burt Wolbach—The Glorious Past and the Uncertain Future of Pathology.

Introductory remarks by Dr. William Castle and Dr. Merrill Sosman, who served as Co-Chairmen assured an atmosphere of warmth and informality.

On the evening of Alumni Day various class reunions were held and a detailed account of each reunion appears elsewhere in this issue. Many of the alumni returned to the Quadrangle for the Class Day exercises on Thursday, May 29. The Alumni Prize was awarded on this occasion to Hugh Robert Dudley, Jr., of the class of 1952. The presentation was made by Dr. J. Howard Shane, President of the 25th Reunion Class. The Class Day address given by Professor Sidney Burwell appears in this issue also.

Plans for next year are already being formulated. On that occasion it is planned to begin the Alumni Day exercises with the Annual Business Meeting. This will be followed by the Medical Symposia, thus completing the formal exercises before noon. Luncheon will be served in the Quadrangle and all of the alumni will be free to relax and get together informally in the afternoon. The alumni reunion dinners will be held as previously on the evening of Alumni Day. The increasing enthusiasm for this occasion may make it necessary to hold the exercises in a larger auditorium or to again divide the group into medical and surgical sections for the Symposia.

Annual Meeting

The Annual Meeting of the Harvard Medical Alumni Association was held at the University Club, Chicago, on the afternoon and evening of June 11, 1952. The President, Frederick A. Coller, '12, presided at both sessions. Although only forty members attended the afternoon meeting, the dinner in the evening was attended by 105 alumni.

Thomas H. Lanman, Director of Alumni Relations, reported on the activities of the Association and on the progress of the Fund, which had passed the \$100,000 mark at the time of the meeting. Dean George Packer Berry spoke of growth and change at the Medical School and of new approaches to teaching and financial problems.

The new members of the Council, elected by mail ballot, were announced as follows:

Leland S. McKittrick, '18, of Boston
Sven M. Gundersen, '29, of Hanover,
New Hampshire
H. William Scott, Jr., '41, of Nashville,
Tennessee

The Nominating Committee submitted the following slate of officers:

President—Frank B. Berry, '17, of New York City

President-elect—Lewis W. Hackett, '12, of Berkeley, California

Vice-President—C. Sidney Burwell, '19, of Boston

Secretary—J. Englebert Dunphy, '33, of Boston

Treasurer—Curtis Prout, '41, of Dedham, Massachusetts

There being no other nominations, the Secretary was instructed to cast a ballot for these nominees and the business of the meeting was concluded.

Following the dinner, Mr. Clarence B. Randall of the Inland Steel Company spoke with great effectiveness on the common stake held by industry and medicine in our American institutions and the need for closer co-operation between the two groups. He closed with an exhortation to doctors to regain their respected positions in the community by more active work in civic and church affairs.

Class Day Address

C. SIDNEY BURWELL, '19

This is a distinguished occasion. It is my belief that Medicine is for those whose hearts are in it, a better way of life than any other. I believe it will continue to be so in spite of alarms, excursions, and the state of the world. This good occasion celebrates the fact that a group of men and women originally selected for their character and their ability have completed the first chapter in their medical or dental education, and are soon to be awarded the honorable degree of Doctor of Medicine or Doctor of Dental Medicine.

Our work together began in September of 1948 when we met in the amphitheatre of the Brigham on Registration Day. That meeting had a special significance for me because it was the last time I was to have the pleasure, as Dean of the Medical School, of welcoming a group of first-year students. Since then I must say I have had the equal pleasure of observing the many accomplishments of Dr. Berry, my successor in the Dean's office. On my own account I remind you of the cheerful verse of Jonathan Swift which runs as follows:

"One Year is past; a different Scene;
No further mention of the Dean;
Who now, alas, no more is mist,
Than if he never did exist."

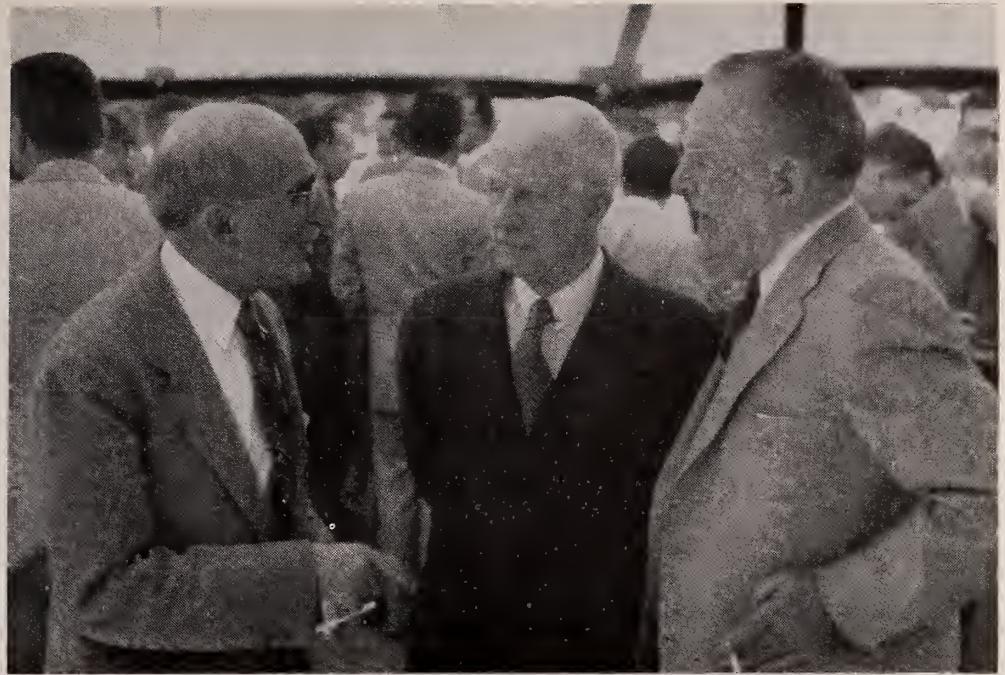
But to go back to Registration Day. Your editors were kind enough to refer to this original meeting of ours in the edition of THE AESCULAPIAD just published. They quoted me, quite correctly, as follows: "In saying this word of welcome, it would be easy to give a philosophical lecture about Medicine, and it is always a strong temptation to do so . . . instead of talking to you about Medicine I propose to show you a concrete example of some of the problems that arise." A patient was then introduced and I asked you to pay particular attention to three

categories of material. The first category had to do with what you have come to call *diagnosis*; the second with the translation of that diagnostic understanding of disease into the planning of intelligent *treatment*; and the third was the formulation of all this technical material in appropriate relation to the *total environment* of the individual.

Today it is perhaps possible to consider you, members of 1952, as the collective patient for discussion and to take up briefly these same categories: the diagnosis, the management, and the environmental framework. We shall be directing our attention mainly toward the synthesis of a prognosis—a proper attitude on Class Day.

I do not propose to present a history or a physical. I may say when I walked into the amphitheatre that September day in 1948, it seemed to me that everybody in the class was very tall, they were magnificently attentive (this was their first clinic), they gave me the impression of being a little uncertain, and they were polite. This May day in 1952 they don't look quite so tall; they are perhaps more selectively attentive; they are considerably less uncertain; and they are still, I hope and believe, polite. We ask ourselves: what are the factors in the description of this group of people that will bear most directly on their future careers? I shall mention only a few samples of the kind of factors that may so operate.

Your intellectual capacity should be mentioned first in this connection. However, before you entered the Medical School you passed through a good many filtrations, and it is a reasonable assumption that your intelligence as a group is of a generally effective level. This native intelligence has not been altered by your four years of training. I remind you of



SAMUEL A. LEVINE, '14, JOHN HOMANS, '03, FREDERICK A. COLLER, '12



ALAN GREGG, '16, LEWIS W. HACKETT, '12, JAMES HOWARD MEANS, '11

the motto of the University of Salamanca, which has been translated by the following couplet:

"What nature hath denied,
This University cannot provide."

This is to say that education can develop only capabilities which are already there. I agree with this in general, but it is really not important today because I believe it fair to assume, considering the competition and considering the experience in selection that medical schools have had, that you as a group are provided with good sets of the little gray cells. The future, therefore, may be held as reasonably safe so far as your ability is concerned.

The major diversities in your future careers, then, will be found not in differences of intellect, but in differences in your characters—a matter much more subtle to measure and a much more severe headache for admission committees. All here wish you shining success in your future careers: accomplishment, a sense of competence, even happiness. But if we are to talk about success we must consider the possibility of failure and the factors which may be concerned with failure. As I have seen it, most of the failures or the partial performances in Medicine are due not primarily to lack of ability, but to defects of character. Conversely, given the good original equipment possessed by you, the good performances in Medicine are not necessarily associated with the most brilliant minds, but almost invariably with certain aspects of personal quality. These include such vague and general matters as fortitude, stamina, capacity for sustained effort, ability to accept responsibility, generosity, fair-mindedness, high integrity, and an empathic index (defining that lovely term as the imaginative capacity for putting oneself into other people's situations). There is also the important habit of effectiveness. The habit of longevity seems to run in families, and I remember saying to a youthful friend of mine, aged 85, that a good way to live to be one hundred years was to have the habit

of longevity in one's ancestors. He replied that he understood that ancestors were like potatoes, the best part usually underground. The fact remains that as the habit of longevity is a pleasant thing to have in the family, the habit of effectiveness is an important thing to have in your life. It involves a lot of things—including the capacity to finish matters you have begun, the capacity to see the forest as well as the trees, and the capacity to deal effectively with people. Mark Twain never made a wiser remark than when he said that human nature was *very prevalent*. Dealing with people (which means dealing with human nature) will be a major preoccupation of most of you whatever your line of work may be, and whether you engage in practice or not.

If character is so important to your future, what can be done about it? My answer is that much can be done about it by people of intelligence, maturity, and perceptiveness, who are willing to scrutinize their own characters. One of the chief pleasures of being a teacher is to observe the evolution of character, and I for one am convinced that cubits can be added to this type of stature by taking thought. Socrates, speaking of the education of the guardians of the city, observed that "true education, whatever that may be, will have the greatest tendency to civilize and humanize them in their relations to one another and to those who are under their protection."

Genetic constitution imposes limits, of course, but all I ask you to do is reach your ceiling. As an example of the evolution of character let me cite the following verses by Mrs. Charlotte Gilman:

There was once a Neolithic Man,
An enterprising wight,
Who made his chopping implements
Unusually bright,
Unusually clever he,
Unusually brave,
And he drew delightful Mammoths
On the borders of his cave.
To his Neolithic neighbors,
Who were startled and surprised,

Said he, "My friends, in course of time,
We shall be civilized!
We are going to live in cities!
We are going to fight in wars!
We are going to eat three times a day
Without the natural cause!
We are going to turn life upside down
About a thing called gold!
We are going to want the earth, and take
As much as we can hold!
We are going to wear great piles of stuff
Outside our proper skins!
We are going to have diseases!
And Accomplishments!! And Sins!!!"
Then they all rose up in fury
Against their boastful friend,
For prehistoric patience
Cometh quickly to an end.
Said one, "This is chimerical!
Utopian! Absurd!"
Said another, "What a stupid life!
Too dull, upon my word!"
Cried all, "Before such things can come,
You idiotic child,
You must alter Human Nature!"
And they all sat back and smiled,
Thought they "An answer to that last
It will be hard to find!"
It was a clinching argument
To the Neolithic Mind!

I urge you to expect to grow and to plan to grow. Responsibilities will force the development of character in many of you. It is intelligent to add to the responsibilities imposed by life those of your own thought and your own plan.

Now let us briefly consider *therapy*. This is defined, for our purposes, as your educational program. In these terms you have been under treatment, as we doctors say, for four years. As medical and dental schools go, you had a good opportunity: contact with distinguished and diverse minds, opportunity to work with patients, and more or less application of the great principle of increasing responsibility, for patients, and for your own education. I have one important thing to say about training: to remind you that as of today you yourselves become primarily responsible for planning your own continued education. You now become the Dean, succeeding Dr. George Packer Berry, and the

permanent chairman of the Curriculum Committee succeeding practically everybody else. I urge you not to be confused about the precise location of this final responsibility. It does *not* lie in specialty boards; it does *not* lie in the heads of services; it is *not* fixed even in the august persons of medical and surgical residents. These people and organizations are useful and very helpful, but they are only advisory and at the operative or tactical level. You are the strategist, the planner of the curriculum and the man who has the final word.

It is impossible to make a speech on Class Day, without reminding you that Medicine changes. It changes violently. Indeed it has recently been said to move ahead so fast that we now have drugs for which diseases are not yet available. This exceedingly rapid rate of change in Medicine is one of the reasons why it is necessary for the University to turn over to you today the responsibility for your future educational development.

In making your curriculum plan you will naturally take into consideration what you expect to do and this requires some discussion. One of you wrote me a pleasant note containing a suggestion about this speech to the effect that I say something about "what you should do with your doctor's degree." This is more easily done in relation to one person than 150 but I have a few general remarks to make. Here the discussion of therapy becomes mingled with the discussion of the total environment.

Let us look for a moment at the world you are about to enter. No, I am wrong; you are not about to enter it. You're in it and you have been in it for the whole of your lives. The present-day world is sometimes spoken of as being full of problems and situations, difficult and perhaps insoluble. This is quite true, but it has always been true, and there are only percentage differences between the difficulties of one age and another. There never has



THOMAS H. LANMAN, '16, J. LEWIS BREMER, '01



MASON R. PRATT, FRED H. ALLEN, LAWRENCE B. REED, JOHN E. RICE,
OF THE CLASS OF 1907 AT LUNCHEON

been any certainty; there never has been any security except that created by competence, perspective, and courage. It is possible to make good lives for yourselves in *this* world and most of you will succeed in doing so. This will be particularly true if you know what you want to do, and therefore I am glad to say a word or two in answer to your classmate's question.

The dietary boys and girls say we can eat such foods as cereals, vegetables, fruits, meat, milk, minerals and vitamins. In the same way, in a similar vein, you can think of your professional diet as consisting of the care of patients, the instruction of students, administration, and the pursuit of new knowledge. I will not suggest that any one of these is all meat and another all spinach. Indeed, I have tried them all and found each rewarding in its own fashion. I would not be willing now to give up what I have learned from any of these departments of professional life. As a matter of cold fact, each of you will almost certainly do a mixture of all four of these varieties of professional experience, and you will be working in the next few years towards a decision as to the percentage distribution of these varieties of activity in your own daily lives. You will base your decision on what you want to do, what you think you can do best, and what circumstances make possible. *But the great glowing beauty of medicine is that ALL these types of activity can use your best abilities, give you solid satisfaction, and make you a decent living. And don't be cast down if your plans have to change!*

Do not think that the types of medical careers are limited to the varieties that you see around you in your senior colleagues. Many new varieties of careers will be developed in this generation as they have been in all generations in the past and you will develop them. This is really a happy conclusion. You don't have to be exactly like any of your elders—you can be a totally new kind of doctor.

In this connection, consider the young man, James Hope, born in 1801. As he was growing up in Medicine he evolved a concept of the kind of a physician he would like to be; he then attached himself to a succession of teachers who he thought could give him the building materials for the kind of career he proposed to construct. There had never been anybody like him before, but he had the kind of life he wanted and he wrote a book that is a landmark in the history of heart disease. I would not advise you to model yourself on James Hope in all ways. He was, I am sorry to say, a small, suspicious person who missed many of the best things in Medicine because of his personal limitations, his egocentricity, and his lack of generosity; but he did assume the responsibility for planning and carrying out the program of his own continuing education. He defined his goal, he drew the specifications of the kind of life he wished to have and the kind of doctor he wished to be, and he patiently and systematically acquired the skills, the knowledge, and the experience that made it possible for him to be that kind of a doctor. I beg of you, do not feel yourselves limited by any definition of medical fields that now exist. Many of our subdivisions are getting to the point of being outworn. If you create your own fields, you will be useful and you will have a good chance at happiness, which is all anyone can ask.

The next point about this selection of your life work is to realize that almost every field in Medicine is capable of being interesting and productive if you are bold, imaginative, industrious, undisturbed by geography, and willing to follow your own star. Fortunately also every star is susceptible of directional modification and if you don't like what you are doing you can change it. Thus you *can* have confidence and optimism and hopefulness about the work you are going to do. I believe you will find a place in our evolving system of medicine which will make

you useful and which will give you a chance for the durable satisfactions that go with accomplishment.

Very well, you will say, being polite and reasonable people, but how do we know how well we are going to do? The evidence about that is a little hard to get. Many people have thought about the factors that influence success in Medicine. In 1869 Sir James Paget, a distinguished British surgeon, published in the St. Bartholomew's Hospital Reports a short essay on what becomes of medical students. He had traced the careers of one thousand of his old students up to fifteen years after they had entered the school. The last paragraph of his report runs as follows:

"Nothing appears more certain than that the personal character, the very nature, the will, of each student has far greater force in determining his career than any helps or hindrances whatever. All my recollections would lead me to tell that every student may draw from his daily life a very likely forecast of his life in practice; for it will depend on himself a hundredfold more than on circumstances. The time and the place, the work to be done, and its responsibilities, will change; but the man will be the same, except in so far as he may change himself."

The conclusion that a student may draw from his daily life a forecast of his life

as a physician may seem a gloomy one to every individual who is dissatisfied with himself, and this is about 99% of us, according to my experience; but I point out to you that the last phrase in that paragraph of Sir James Paget offers also a clear ray of hope. The sentence runs, "The time and the place, the work to be done, and its responsibilities will change; but the man will be the same"—and here comes the important thing—"The man will be the same, *except in so far as he may change himself.*"

This problem of developing yourselves is one to which we have already devoted attention today, but let me remind you again that the most heartening experience which teachers have is to observe the favorable evolution of their students. This reward you also can have as you observe your own evolution, influenced by your own strategic planning.

I end this speech with a rather hard saying in the nature of a warning. I put it here because I believe it and because I think all the facts must be presented and not merely the cheerful ones. With all my heart I wish you the durable satisfactions that Medicine offers, but I assure you that there is no evidence at all that these durable satisfactions are available to any individual except the one who earns them.



How to Get Your Sons into the Harvard Medical School

KENDALL EMERSON, JR., '33*

I would like to begin with the changing problems of the Admissions Committee today as compared to those of twenty years ago, with particular reference to the Committee's attitude toward physicians' sons in general and alumni sons in particular.

During the years represented by the Classes of 1928 through 1931, an average of 478 students applied for admission to the Harvard Medical School each year. During the years represented by the Classes of 1952 through 1955, an average of 1517 candidates applied, a 300 per cent increase. Thus twenty years ago better than one in four applicants got in, whereas at the present time we have room for only one out of thirteen, or eight per cent of those who apply.

The number of doctors' sons in the medical schools during the years 1928-1931 and 1952-1955 was consistently the same. There were 105 in the first period and 106 in the second period. The number of alumni sons increased appreciably, however. During the first period there were six; during the second period there were nineteen.

In the past two years, 52 alumni sons have applied and 10 have been admitted, or 19 per cent, a figure which compares advantageously with the overall acceptance rate of 8 per cent. At least being the son of an alumnus is not a handicap!

In passing, I would like to comment on the performance of alumni sons in the Medical School. Did we err in favoring them? I think not, since they were evenly distributed among the upper, middle and

lower thirds of the class. On the other hand, we cannot say they were any more outstanding as a group than the rest of their contemporaries. It may be of some satisfaction, however, to know that all six alumni sons graduating between 1928 and 1931 are either certified as specialists, or hold important academic positions, or both.

How are medical students selected today? Selection depends on the cumulative evidence presented to the Admissions Committee, based on scholastic records, the Medical College Admission Test, extra-curricular interests, and opinions of teachers and interviewers. The qualifications sought in future physicians may be divided into two main categories: those of the scholar and those of the gentleman. Fortunately these are not necessarily mutually incompatible. The final selection is made by a thoroughly democratic committee of ten, containing a sprinkling of scholars and gentlemen representing both pre-clinical and clinical interests.

The problem of selection thus narrows down to the choice of the best scholars and gentlemen. The scholar is usually not difficult to pick out; it is the selection of gentlemen, that is, the appraisal of the intangible qualities of character and personality, which presents the greatest difficulty. Denis Brinton, formerly Dean of the Medical School at St. Mary's Hospital, London, has defined this problem well. He says, "Candidates for our medical schools are nowadays expected to have traits suitable for a doctor and the kind of intelligence for a university training. To define these is not an easy task. Intelligence must be of a sort which not only passes examinations, but includes powers of observation, flexibility of mind, abstract thinking, logical deduction, and criticism. . . . Positive traits of character of special

*Dr. Emerson is assistant dean and vice-chairman of the Admissions Committee, Harvard Medical School. His talk, with its provocative title, was delivered at the Alumni Day Symposium, held at the Medical School on May 28, 1952.

value to a doctor are energy, common sense, persistence, stability of mood tempered by optimism, an objective sympathy with and ability to express an opinion easily understood by men of all walks of life. Most of these are qualities that can be recognized even in the relatively immature and in the artificial environment of an interview; but I have purposely omitted from my list certain superlative and vague characteristics often claimed as necessary. I, at any rate, am incapable of deciding in half an hour that schoolboys and schoolgirls possess a high personal integrity and a philosophy of life. These qualities, undoubtedly valuable in a doctor, are inclined to emerge with maturity and in response to the later stages of training. We all know the way in which a hobbledehoy student may burgeon into a responsible adult in a few short months, often enough during the early quarterly appointments of his clinical curriculum.

"There are conversely certain negative personalities obviously unsuitable for a medical career—the hermit, the egotist, the boy or girl who is aggressive or who cannot grow up. Jacobsen (1940) summarizes them as: 'The extreme introvert who lives within himself, and neither desires nor seeks warm friendly relations with people; the youngster who continues to wage an adolescent rebellion against his family long after his classmates have worked through this stage of development; the arrogant cocksure chap who is so certain of himself as the epitome of perfection that he is unable to accept criticism or suggestion from faculty or fellow-student; the insecure person, totally lacking in self-confidence.'

"It is our aim, then, to choose students with intelligence of a special kind and with well-balanced personalities, and to exclude those who fall short either in intellectual capacity or in character."

These are high-sounding phrases and the Admissions Committee must come down to earth and try to find a concrete answer to the original question, "how to

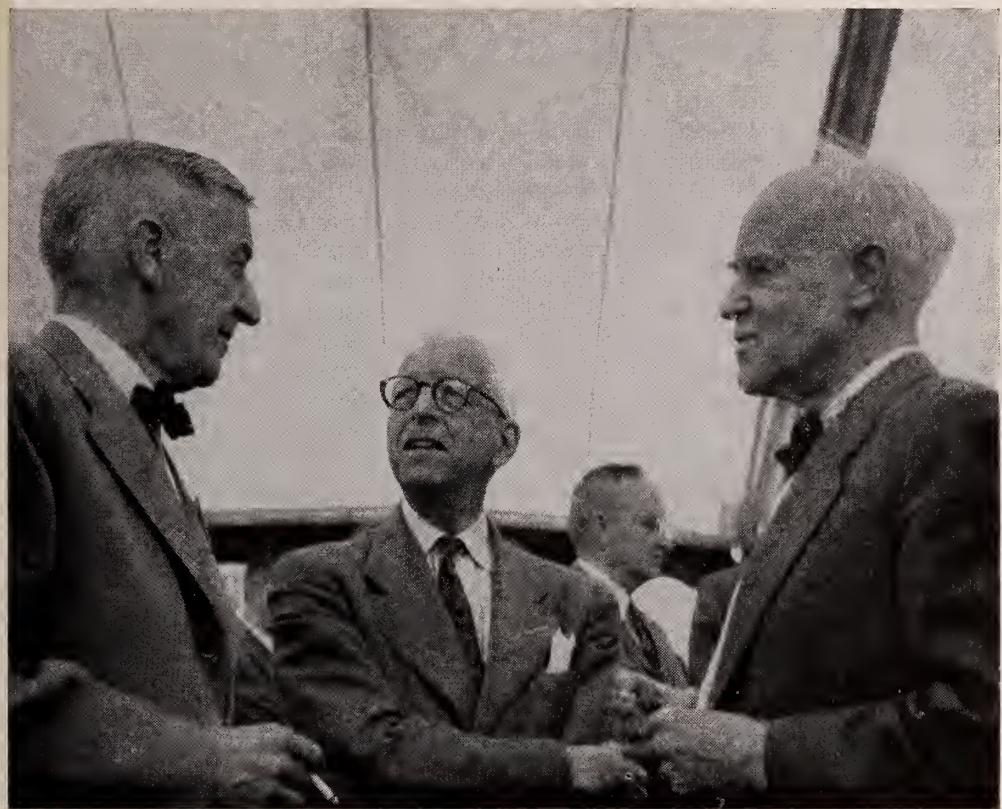
get your son into medical school." The following six suggestions gleaned from statistics on the incoming Class of 1956 may be helpful.

1. *Make him a scholar.* The successful candidates averaged in the 84th percentile on the Medical College Admission Test. This parallels their scholastic record in general. Some of the applicants were outstanding even in their high school careers, as shown by prizes won therein. For example, there were seven Pepsi Cola Scholars, seven holders of Bausch & Lomb Science awards and six Westinghouse Science Talent Scouts. In the category of scholars may be included two chess players!

2. *Send your boy to Harvard College.* Twenty-one per cent of the candidates applying from Harvard College were accepted this year. This is largely fortuitous, since the Committee shows no special favoritism toward any college. It reflects, however, the more complete knowledge available to the Committee concerning the students in Cambridge, through its more intimate acquaintance with the College Faculty. This brings out the importance of creating a closer relationship between the Medical School and premedical advisors in colleges throughout the country. The larger and better-known colleges in general have a slight edge in the over-all competition, because the Committee is more familiar, through experience, with their educational standards and the quality of their graduates.

The Admissions Committee recognizes no geographical limitations and believes strongly that a broad geographical representation is an important asset in the education of the student body. Indeed, from the point of view of admission to Harvard, Iran, Iraq and Australia would seem to be particularly advantageous places to have one's residence. One out of ten Iranian applicants was accepted, or 10 per cent; one out of two Iraqi, or 50 per cent; and one out of one Australian, or 100 per cent!

3. *See that your offspring obtains his college degree.* Only thirteen men in next



THOMAS H. LANMAN, '16, HUGH P. GREELEY, '09, ALAN GREGG, '16



SIDNEY FARBER, '27, SEYMOUR J. GRAY, M.D., MAXWELL FINLAND, '26

year's class were accepted without a Bachelor's degree, and these were chosen because they gave evidence of unusual promise. The type of degree, whether B.A. or B.S., and the field of concentration in college, are unimportant (approximately equal numbers of science and non-science majors are accepted), nor is the acquisition of an advanced degree any asset.

4. *Do not throw your weight around as alumni.* The opinions of parents regarding their offspring are notoriously suspect. Depend on the example of your own reputation, not on your estimate of your son's. A long effusion extolling the virtues of your pride and joy only serves to make the Committee suspicious of your judgment. If you really want to make us prick up our ears, write and tell us that he is a drunkard and a rouneder, but he wants to go to Harvard Medical School anyway!

5. *Make him a gentleman.* Admittedly,

this term, as defined by the Committee, is not used exactly in the Websterian sense. It is employed as a generic term implying the possession of those qualities of temperament and personality which are the requirements for a successful practicing physician. The evaluation of these qualities is the most difficult task the Admissions Committee has to perform and at times it may appear arbitrary in its decisions, but the following list of attainments of members of the incoming class may help to give an idea of the Committee's somewhat unconventional interpretation of the term "gentleman." The class includes twenty-two Glee Club singers, thirteen varsity letter men, including four captains, a cartoonist, a song writer, an Arctic explorer, and a Glockenspiel player.

6. Finally, since of ninety-five women applicants, ten were accepted for next year, if you can't get your son admitted, try your daughter!

CORRESPONDENCE

Dear Dr. Emerson:

The subject of this letter might well be—a gentleman, what is he? I was sorry not to have heard your address before the alumni, but gather that somewhere in your talk you used, in a pointed sense, the word gentleman, as describing the quintessence of desirable attributes for successful applicants to H.M.S.

Looking back at our behaviour during the days of Sturm und Drang, I wonder whatever you visualize as your ideal candidate. There was the first dance, given by the wives of the faculty, which evolved into such an orgy of uninhibited primitive impulses, that this social event was then and there cancelled. My own experience on that evening was memorable, in that I brought a very nice girl from Wellesley and lost her forthwith. I roamed the dormitories and eventually found her in a room with one of our classmates, who later became an important figure in screen-

ing candidates for H.M.S. Roué, conscience-less roué, not gentleman. And to even matters, I returned to the dance and picked off the clearest-eyed undergraduate that I could find and proceeded to make such headway that I took her home. A gentleman, truly.

There were those plebian pastimes of concocting beer, when the high-born initiates in the art of brewing used a sackful of potatoes to replace the very scarce barley malt. The resultant ferment produced a supernatant fusel oil that was a veritable devil's brew, calculated to give a migraine, where only a headache was deserved by the overindulgent. When Herr Professor Pick came to town, we tempted him with promises of echte Pilsner, and even he, with his resistance to the damaging results, of one too many, threw his notes aside and proceeded to address the assembled intelligentsia in free speech. What slanderous conduct for gentlemen.

I will not burden you with remem-

American Medical Education Foundation

The Alumni Office has received several inquiries regarding the relationship between the Harvard Medical Alumni Fund and the American Medical Education Foundation, which is sponsored by the American Medical Association.

Our office cooperates completely with the AMEF by sending a list of our contributors each month to their office in Chicago. This enables the Foundation to publish yearly the names of all physicians contributing to medical education, either through the Foundation or directly to a school. This information will also be made available to any state society upon request. In the same way the Foundation sends us the names of contributors who earmark their gifts for Harvard. By now you will have received our First Annual Report in which were listed all gifts made through the A.M.A. that were earmarked for Harvard. Therefore it is not necessary that you subscribe to any other

organization than our own Harvard Medical Alumni Fund in order to obtain credit for having given to medical education.

I would urge you to contribute through your own School because there is naturally a discrepancy of time involved in obtaining the information about contributions through other sources. This sometimes puts the class agent in the embarrassing position of writing you unnecessary follow-up letters.

The personal appeal from an individual's own school results in much larger amounts raised. Of the \$116,000 received this year from our alumni less than \$3,000 came through the A.M.A.

Most important—to my mind, is appreciation of the fact that the efforts of an individual school is in no way competitive—but rather cooperative for the end in view—namely, funds for medical education.

THOMAS H. LANMAN, M.D.
Director of Alumni Relations

brances of cops pushed off to the curb by Packard touring cars, of a mistress claiming paternity at the hands (a poorly chosen word) of some Vanderbiltian Don Juan. I met an admissions officer from Harvard College last week who said, "I doubt if there is a single gentleman in the whole Medical School from what I hear. They are a bunch of rowdies."

The reports of your talk suggested that the female of the species might gain over any male offspring of the line from Harvard graduates, in her chances at the School. There was no mention, not even the faintest suggestion that she must be a gentlewoman. How do you fellows score a girl? Waistline, bustline, complexion, color of eyes and hair, the way she handles her stuff—in this array of solid feminine requisites, where do you place the I.Q. Come clean! One gains the impression that the Committee of Admissions is somehow influenced by matters of sex, but

scarcely dares admit it—a not very healthy example for future gentlemen.

The release of such a broadside suggests that one should give a small opening for a counterattack. A good doctor is one who not only gets his patients well, but makes them feel better when he is failing. Aside from knowing the naked facts about disease, the chief ingredient of good doctoring is a sense of responsibility. The word gentleman gets tied up somehow with manners, pedigree and dress, and I wonder if it is quite the word to describe the best of potential doctors.

I have a son entering Harvard, who aspires to the Medical School (No, this is not a letter in behalf of a candidate). I have promised him a straight across-the-board blackball at H.M.S., but he is a stubborn kid and there is a small chance that this is a quality that you like in your gentlemen.

ROLF LIUM, '33

Impressions of an American University Hospital

MARTIN S. BRETT, M.B., B.S.*

The exchange Fellowship between the Peter Bent Brigham Hospital and St. Mary's Hospital in London has been in existence for nearly three years. It was made possible through the great generosity of the late Mr. George Gorham Peters.

The privilege of working for a year at the Peter Bent Brigham and the Harvard Medical School is one that the ordinary young English surgeon does not expect during his training, and therefore I felt both excited and fortunate when I left England in August 1951, accompanied by my wife and two children. I had previously been able to learn something about the Peter Bent Brigham Hospital through my friendship with Eric Rogers and John Rowbotham ('46), with both of whom I had worked during their respective periods at St. Mary's Hospital. I realized, however, that a host of new experiences and surprises was in store for me and indeed, for my family.

Our first impact with America took place at New York Harbor and was severe. All my attempts to persuade the Customs officer that I was an innocent young English doctor failed, and even the travel-weary appearance of the children did not soften his heart. As he neared the end of his relentless search through our fourteen packages, the gleam of victory lit up his face. From the depths of a trunk he unearthed and greedily examined six wrapped bottles of opiate, undoubtedly destined for the New York underworld and intended to provide us with some badly needed dollars. We were sorry to disappoint him with the information that they were bottles of orange juice for our baby daughter, supplied by the Ministry of Food.

*Mr. Brett, a graduate of the University of London in 1945 and a Fellow of the Royal College of Surgeons since 1947, was the St. Mary's exchange Fellow at the Peter Bent Brigham Hospital, Boston, during the year 1951-52.

In recording the impressions of a year as a visitor from one country to another I think there are three phases to be distinguished. First there is a short period of bewilderment in which strong vivid impressions are quickly gained and held fast by the memory. The nature of these impressions is largely determined by the environmental background of the visitor. The memory of short vacations abroad must be influenced mostly by them. In my own case I was as fascinated by the frequency of "crew cuts" and bow ties in the neighborhood of the Medical School as I was by the relentless stream of large and fast moving automobiles on the highways. Almost as startling were the various institutions that are connected actively or passively with this latter feature of American life, such as the ubiquitous gas station, "drive-in" theatre or super-market.

In the second phase of one's stay a strong critical sense develops. One often finds some source of dissatisfaction about the way in which affairs are conducted, or the way in which people behave. Most of these criticisms, which are understandable but engendered by ignorance, are answered gradually by a progressive understanding of the social, historical and environmental background against which the various phenomena exist. This can come only from the experience of living and working within the new environment and by discussion and reading. This phase passes imperceptibly into the third period of better understanding, although I believe that during one year's stay in another country, it is impossible to convert many impressions into mature judgment.

With these thoughts and with the knowledge that very little of my time has been spent outside the Boston area, it is with no relish that I shall look forward to the inevitable question from my friends and relations at home: "What do you

think of America?" This will be only slightly less difficult for me to answer than the question that I have been asked so often over here: "How is the National Health Service working?"

I have passed through exactly the same three phases of experience as a visitor to the Brigham. My previous training had been mostly at St. Mary's. It does not differ very much from any of the other eleven London university teaching hospitals when compared with the Brigham as a teaching environment. There are naturally many differences between the Brigham and St. Mary's not only in teaching methods, but in everyday hospital practice, and my impressions have been influenced by my previous background and training.

The "Brigham atmosphere" impressed me immediately. I cannot define this term, but I think it is mostly produced by the remarkable spirit of friendly co-operation between the members of the staff and their infectious enthusiasm in searching for the maximum amount of knowledge from the condition of each patient. This atmosphere is all-pervading, and I would doubt that there are any visitors who do not appreciate its presence and whose respect it does not command.

The great number of conferences and discussions bewildered me at first, but I felt that they were of great value and interest. I was impressed by the many different contributions of expert knowledge made at any one conference, as well as by the youth of those making them. It was often difficult for me to understand, after a long discussion on some interesting case when widely differing opinions had been expressed, who it was who held the responsibility of being the patient's doctor, friend and adviser.

It was not obvious to me how the medical students attending the conferences could utilize to the fullest extent the opportunity of seeing one senior staff member deal directly with the patient as an individual for the first time, without the preliminary "work-up" of many juniors.

In this experience the student should witness and appreciate the exercise of that baffling quality of good judgment, based on a really sound history and physical examination, which I believe to be of prime importance for the patient's sake, especially with the rapid development of so many new techniques in research and therapy.

After some time I was uncomfortably aware of my attitude as an armchair critic, and therefore I was extremely grateful for the opportunity to leave the laboratory and to work as a resident for a while. Although one month is a relatively short period of time, at the end of it I felt that I had acquired a far better understanding of many methods that were new to me and a clearer insight into the daily work of the wards than could be obtained in any other way. In addition, the close contact with the other members of the house staff was an extremely valuable and enjoyable experience for me.

Several episodes during this month stand out in my mind. It was uncomfortable for me to have to pronounce my name Bratt in order to be understood correctly as Brett. Otherwise my name was invariably understood as Morton Britt. Twice I was thought to be a Southerner, much to my amusement and interest. The first offender was an Irish "special" nurse, who, when informed of my nationality, immediately revealed so many startling facts about the iniquitous habits of the royal family that I found it difficult to know how to reply finally and adequately—especially in front of the patient, who got as much amusement from the episode as I did.

In the course of my work in the wards my understanding of the Brigham as a special hospital, of the work of the clinical students, and of the nursing problem was improved immensely, and many of my original criticisms were answered. I was able to see some of the reasons for the differences between the "Brigham atmosphere" and the St. Mary's atmosphere, and I think it is worth mentioning two of the basic causes contributing to them.

Apart from their common role as teach-

ing hospitals, the Brigham and St. Mary's have different functions, the latter being the larger of the two hospitals and serving both as a center for outpatient consultant work and as a local hospital for a very large community in Northwest London; therefore, the volume of work in the routine surgical service of the hospital is greater than at the Brigham.

The medical students undoubtedly play different parts in contributing to the atmosphere of the two hospitals. Whereas, the Harvard Medical student may spend only a short time working at the Brigham in the course of his training, the St. Mary's student is certain to spend most of his time in St. Mary's Hospital and will spend only a few months at smaller special hospitals affiliated with the parent teaching hospital.

This unity of hospital and medical school provides the stimulus for the development of activities outside the field of medical training in which almost anyone connected with the hospital or medical school may take part. Field sports, music, drama, debating and other activities take place all year round and form an important part of the hospital life. (It should be remembered that in London the majority of medical students begin their training at a younger age than those at Harvard). At St. Mary's there is more formality between senior staff and residents and students in the hospital work, but on the rugger field or in a game of cricket, these barriers are removed. The co-operation of these people in extracurricular activities as well as in hospital work allows a full interplay of personalities and the development of a strong fraternal atmosphere in hospital and medical school.

I think it is fair to say that in the London teaching hospital more respect is shown for the senior member of the staff with long experience than is evident at the Brigham. With the background to the hospital life outlined above, there develops among students and residents a loyalty and affection for the chiefs which come only from working over a period of years in

the same institution. However, there is no doubt that the Harvard Medical student benefits considerably from the wider range of teaching that he receives from the staffs of all the hospitals associated with the Medical School.

The final authority of the senior staff of St. Mary's in the clinical management of the patients, combined with more didactic clinical teaching than I have heard at the Brigham, brings forth the criticism that with this system there is too much inhibition of the young idea. I think that this is true to a certain extent; but I believe that a proper sense of humility and respect on the part of the junior and a sense of confidence based on long-tried experience and judgment on the part of the senior combine together extremely well on the common ground of the search for truth, where criticism is still allowed.

My time spent in the Brigham atmosphere has taught me a great deal and I shall always be grateful to those many people who have consciously or unconsciously influenced me. I shall return home feeling a much wiser man, not only because I have learned much that is new to me, but also because I have been able to look on my own environment from a distance. I am firmly convinced of the necessity to travel when young and of the inestimable value of these exchange Fellowships, which provide so much that is important for the proper development of the open mind and present opportunities for making so many new friends. It is pleasant to look forward to the future with the knowledge that the present nucleus of six privileged Brigham-St. Mary's boys will steadily grow as the years pass by. Lifelong friendships have been and will be established by them.

Finally, my wife and I look forward to the reaction of our parents when they hear the answer of our two-year-old daughter to that difficult question, "What did you think of America?" Removing the bubble gum from her mouth, she will say, "O.K.!"

Legal Medicine in Early Times

PARKER A. GLASS*

Much has been written about the parts played by the Commonwealth of Massachusetts and Harvard University in the effort to provide competent medico-legal investigation of sudden and obscure deaths. It is well known that Massachusetts established the first medical examiner system in the United States and that Harvard founded the first university department of legal medicine, which in turn provided the first academically sponsored consulting service for the investigation of medico-legal deaths.

The writer has recently come across what is probably the first conviction of a murderer in Massachusetts, and possibly in the United States, resulting from a post-mortem examination of a disinterred body. It is not particularly surprising that this should have occurred in Massachusetts; but it is of interest to note that the most complete record of the event is found in the work of the Reverend William Hubbard, entitled "The History of the Indian Wars in New England." Hubbard was a member of the first graduating class at Harvard College.

The story which follows very probably explains why Philip, son of Massasoit, finally took up arms against the settlements of Massachusetts.

John Sausamann, described by Hubbard as "a very cunning and plausible Indian, well skilled in the English language and bred up in the profession of Christian religion", was a schoolmaster at the Indian town of Natick. For some reason he returned to Philip and was included in the Indian leader's secret councils. Subsequently, however, he came back to the settlement at Natick where he was baptized and preached to the Indians. He had occasion to go with other Indians to

the site of the present town of Middleboro—originally called Nummastaquyt—which was situated not far from Philip's territory. While there he was much in the company of Philip's Indians and learned that they were plotting again against the settlements. He imparted this information to Governor Winslow of Plymouth, adding also that if Philip should discover that he had informed the settlements of the plans, he would undoubtedly be killed. Upon investigation of this report, Governor Winslow found evidence of its truth and examined Philip himself and several of his Indians. Although he was unable to prove the statements of Sausamann, his suspicions continued.

It followed soon afterwards that Philip or his friends murdered Sausamann and contrived to make his death appear to be an accident. On January 29, 1674, Sausamann was met on the ice of Assawomset Pond in Middleboro. There he was assaulted and put under the ice. His gun and hat were left upon the ice to make it appear that he had accidentally fallen through and been drowned. He was missed by a friend, Chowohumma of the Sogkonat or Seconet Tribe (not of Philip's war party), who found his hat and gun and, later, his body beneath the ice. It is recorded that when his friends took up the body to bury it, they observed some bruises about his head which made them suspect he had been knocked down before being put into the water. However, they buried him near the place where he was found without further inquiry at that time.

Later, Chowohumma, or David as he was called by the white settlers, reported his suspicions to the English at Taunton. This information was relayed to Governor Winslow, who, knowing Sausamann's fear of being murdered, issued a special warrant that his body should be "digged

*Mr. Glass is executive secretary of the Department of Legal Medicine at the Harvard Medical School.

again out of his grave." It is reported that upon examination of the body it became very apparent that he had been killed and not drowned. It is also reported that an Indian named Patuckson testified that he had seen the murder of Sausamann when standing unseen upon a nearby hill, but, for fear of losing his own life, had not revealed it until called to the Court at Plymouth. The murderers who were "about three in number" were apprehended, con-

victed and all put to death. The last of the Indians to confess just before his death said that his father, one of the councillors and special friends of Philip, was one of two that had done the murder, while he himself had only looked on. According to the records of the Plymouth Court, two of those convicted were hanged on June 8, 1674. The third was to be reprieved until a month had expired, but was shot within the month.

Sex and Adolescence

MERRILL MOORE, M.D.*

In the great wave of psychologic fermentation that is now sweeping through medicine, there is much loose talk about sex and adolescence. The human psyche is such an entity that it is very hard to pluck out one aspect of one period for individual scrutiny.

Sex in adolescence is not really a new problem in the development of the individual, although it may be coming back into public view as a novelty or rediscovery. Perhaps it is even here to stay. Environmental foundations that will determine a good deal of behavior at this period have already been laid down by the second or third year. A lot depends upon how a boy feels about being a boy, and how a girl feels about being a girl. A boy who fears castration may repeatedly reassure himself by sexual activity that he still has a penis. At three, four, five or thereabouts, he may have masturbated more than the average, or he may have urinated frequently for the same purpose. For the same unconscious reason, a girl with penis envy may seek repeatedly to "borrow" a boy's penis or she may repetitiously try to

convince herself that a vagina is "o.k." Sex activity is compulsive to the extent that it springs from such sources as these; and compulsive sexual activity may be one of the most difficult problems for adolescents. Most adolescents have to manage these problems themselves because most of them will hesitate to confide in adults or to ask for help. This sort of problem does not magically evaporate with marriage, or on the attainment of a mystical age of perfection, or even at menopause. It needs to be understood by the person whose problem it is and by those who share it through association.

The well-adjusted adolescent has a sex-problem, too. Normal as well as compulsive interest in sexual activity arises with glandular maturity. Among primitive tribes this presents few conflicts as marriage or mating can be consummated without many added responsibilities. A man can easily support his wife and children on a tropical island where food is plentiful, shelter can be rudimentary and clothing is unnecessary. (The earliest civilizations arose in the more benign climates.) The complications (economic and otherwise) of our civilization have required longer and longer suppression of

*Dr. Moore is clinical associate in psychiatry at the Harvard Medical School and visiting neurologist at the Boston City Hospital.

simple sexual activity. In certain cultural groups, parents are over-compliant towards "liberalism", in others they may be over-compliant towards "conservatism"; the first group tends to emphasize expression and the second group, repression, in the habit formation of their young.

The individual everywhere has to meet two important demands (they are related, of course): one is the demand of the community that he earn a living; the other is the social expectation he places on himself. Maybe the savage in the song, "Civilization" (Bongo, bongo, bongo . . .) by Hilliard-Sigman, was right when he didn't want to leave the Congo. In this manner, the words of certain popular songs contain recognition of important social and psychologic problems. Especially popular in adolescent circles, among "teen-agers" and the "bobby-sox crowd" are such songs as "Accentuate the Positive" (as sung by Bing Crosby), "Life is Just a Bowl of Cherries" and "Dancing in the Dark." It is often through such means that certain adolescents gain their first awareness of general psychologic and philosophic orientation, in words amenable to their own system of meanings and in symbols they can accept and understand.

As things now stand, the American adolescent is usually faced with sublimating and repressing sexual drives. Fortunately a wide variety of interests and amusements are open to the young people who are capable of accepting them. Some of these amusements are unquestionably titillations—not a new problem (witness bundling). Other amusements (such as bowling, swimming, sailing and athletic games) provide good opportunities for

using up at least certain kinds of physical energy. During prosperous or inflationary times a good many part-time jobs are open to young people. These provide excellent focuses on many levels, if the libido of the individual is free enough for him to take a job. We are fortunate in having in this country a good many voluntary and non-political organizations which are truly run for the benefit of the young people that they purport to serve. Among these are the Boy Scouts (including the Sea Scouts), the YMCA, the YWCA, and many others. One of the rare ways in which the needy marginal or dependent social groups are fortunate is that certain recreational facilities of excellent quality are more available for them than for their poor little rich friends.

Besides the fact that these activities may be valuable in themselves, they may also serve as stop gaps during the period between physical maturity and the individual's suitable marriage age. It is to be hoped, however, that the repression in most cases will not last too long. The repression could be overprolonged either by force of external circumstances or by psychic misconceptions arising from parental mishandling. It is important for parents in their own anxiety not to deny the pleasures of sexual satisfaction, but at the same time to be sure that their children know that they think there is a suitable time and an unsuitable time for this kind of freedom. Perhaps the most important thing of all is that if parents have any qualms about what they may be going to say to their children, the best course is to say nothing, as more damage can be done by interference than by ignorance.

New Appointments



ARTHUR T. HERTIG, '30—*Shattuck Professor of Pathological Anatomy*

Dr. Hertig, noted especially for his studies of human growth before birth and for his investigations of gynecological diseases, is the fifth person to hold the Shattuck Professorship since it was established in 1854. He succeeds Dr. S. Burt Wolbach, who held that office from 1922 until his retirement in 1947.

A native of Minnesota, Dr. Hertig began his research career before graduating in 1928 from the University of Minnesota. As an entomologist, he went to China at the age of 21 for two years of research on fly-borne diseases. Following his graduation from the Harvard Medical School, he served his internship at the Peter Bent Brigham Hospital and then established the pathological laboratory of the Boston Lying-in Hospital. He has been teaching and conducting research in pathology at the Harvard Medical School and its as-

sociated hospitals since 1932, except for two years (1934-36) when he was a National Research Fellow of the Carnegie Institution, Washington, D. C. He has been professor of pathology at the Boston Lying-in Hospital and the Free Hospital for Women since 1948.

Hertig's work with John Rock, '18, in studying normal and defective human embryos in the first stages of growth is particularly well known. Their unique study of the development of the early human ovum won the award of the American Gynecological Society in 1949. In 1950 Hertig received the Gold Medal for Outstanding Achievement at the centennial of the University of Minnesota.



PAUL C. ZAMECNIK, '36—*Associate Professor of Medicine at the Massachusetts General Hospital*

Dr. Zamecnik, an associate physician at the Massachusetts General Hospital, received the A.B. degree, *magna cum laude*, from Dartmouth College in 1933. Following his graduation from the Harvard Medical School, he had several years of advanced study, including a year at the Carls-

berg Laboratory, Copenhagen, as a Moseley Traveling Fellow and work as a research Fellow in The Rockefeller Institute for Medical Research.

He has been a member of the Harvard teaching staff at the Massachusetts General Hospital since 1942. There he has served on an exhaustive study of the effects of severe shock and, most recently, has been conducting investigations in the chemistry of cancer and other malignant growths. He has twice won the Hospital's John Collins Warren Triennial Prize for outstanding medical essays.

Prior to his election as President of the American Medical Association, he had been chairman of the Council on Medical Service from 1943 to 1944, and a member of the Board of Trustees from 1944 to 1951, during the last two years of which he was Chairman of the Board. He is also Secretary-General of the World Medical Association. A practicing cardiologist, he is on the staff of ten hospitals in Nassau, Queens and Suffolk Counties, New York. He is a national consultant to the Surgeon General of the Air Force and to the Surgeon General of the Navy. He is the author of books and papers on aviation medicine, cardiology and medical economics.

Honors



Joseph Merante, N.Y.C.

LOUIS H. BAUER, '12, was installed as President of the American Medical Association at the association's Annual Convention, held in Chicago in June.

Dr. Bauer has been President of the Nassau County Medical Society and of the Medical Society of the State of New York.



PAUL D. WHITE, '11, was voted the winner of the Distinguished Service Award of the American Medical Association for 1952 at the Association's 101st annual convention held in Chicago in June. The award consists of a gold medal and a citation "for outstanding service in the science of Medicine."

One of the nation's leading heart specialists, Dr. White is executive director of the National Advisory Heart Council. He has been closely associated with the Har-

vard Medical School and the Massachusetts General Hospital during most of his professional career, but resigned in 1949 from his position as clinical professor of medicine at the School in order to devote more time to his work with the Heart Council. From 1940 to 1946 he served in the National Research Council as chairman of the Committee on Cardiovascular Diseases and since the War has twice journeyed to Europe as chairman of American Medical Missions—to Czechoslovakia in 1946 and to Greece and Italy in 1948. He is chief consultant of the National Heart Institute, U. S. Public Health Service and widely known as the author of textbooks on heart disease and as a contributor to journals.

Tufts and Harvard exchanged honorary degrees at Commencement Exercises this year. Harvard bestowed the degree of Doctor of Laws on the President of Tufts, Dr. Leonard Carmichael and Tufts honored the Dean of the Harvard Medical School, Dr. George P. Berry. The presentation to Dr. Berry was as follows:

GEORGE PACKER BERRY, native of Troy, New York, graduate of the Hill School and with highest honors from Princeton; Doctor of Medicine of the

Johns Hopkins University; later, member of the staff of Johns Hopkins and The Rockefeller Institute for Medical Research; Professor of Bacteriology and Associate Dean of the School of Medicine and Dentistry of the University of Rochester; officer in the United States Naval Reserve; Diplomate of the American Board of Internal Medicine and of the Board of Preventive Medicine and Public Health and recipient of many academic and other honors in America and abroad; as one of America's distinguished bacteriologists, a gifted investigator of the mechanisms of virus infections; known not only for his technical research publications but also for his ability as a writer in interpreting medical subjects and the objectives of medical education for the lay public; since 1949 Dean of the Harvard Medical School and Professor of Bacteriology there. For the degree of Literature, *honoris causa*.

President Carmichael:

Distinguished bacteriologist and medical educator, America is grateful to you for your wisdom in interpreting your great field of science and truly humane learning to the general advantage of mankind. To you, George Packer Berry, writer as well as scientist, the honorary degree of Doctor of Literature.

Regional Activities

ROCKY MOUNTAIN

As announced in the June BULLETIN, Edward D. Churchill, '20, John Homans Professor of Surgery at the Harvard Medical School and chief of the surgical services at the Massachusetts General Hospital, will give the fifth annual Harvard Lecture at the University of Colorado Medical Center, Denver, on Friday afternoon, November 7.

All alumni in the Rocky Mountain area are cordially invited to attend the 5 p.m. Lecture; the dinner for Harvard Medical alumni that evening at which Dr. Churchill will be the guest of honor; and the clinic conducted by Dr. Churchill at the Denver General Hospital the following morning.

Inquiries may be addressed to Ira Dixson, at the Mountain Medical Clinic, 1765 Sherman Street, Denver 3.

NEW YORK

The Harvard Medical Society of New York will hold its fall meeting on Thursday, November 6, at the Harvard Club of New York City, 27 West 44th Street. The meeting will begin at 7 p.m. with cocktails and dinner. Thereafter the group will be addressed by Mr. P. J. James, vice-president of the Chase National Bank, who will speak on "Investments in the World Today."

All Harvard Medical alumni in New York City or its vicinity will be welcome at the meeting and may bring guests if they wish. Reservations should be made through the Society's Secretary-Treasurer, Kenneth W. Thompson, 20 Main Street, Orange, New Jersey.

SOUTHERN CALIFORNIA

Oliver Cope, '28, associate professor of surgery at the Harvard Medical School, was entertained on September 9 by the Executive Committee of the Harvard Medical Alumni Association of Southern California at a cocktail party in the home

of Lowell F. Bushnell, '33, and Mrs. Bushnell in Pasadena, followed by dinner at the Valley Hunt Club. Those present with their wives included: William C. Boeck, '26, Donald Brayton, '39, Edward W. Bulley, '32, Lowell F. Bushnell, '33, Donald A. Charnock, '25, Robert W. Gentry, '42, Charles G. Hutter, '42, Edward G. Pallette, '29, and Frank L. Plachte, '43-B.

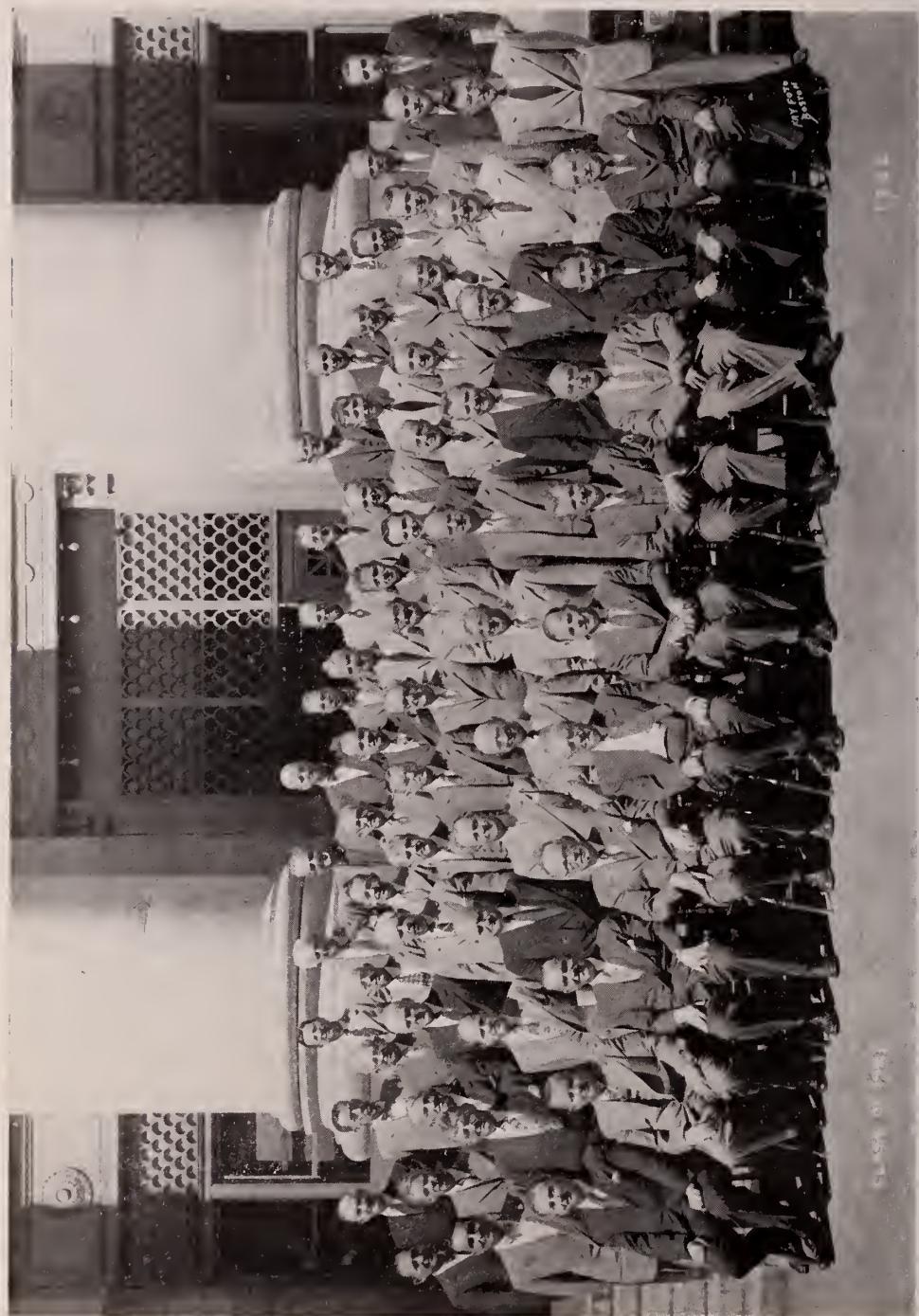
There are plans in the offing for a joint meeting of the Los Angeles Academy of Medicine and the Harvard Alumni Association of Southern California in November when Dr. Paul Swenson will be talking on pediatric surgery.

In March 1953 the Harvard Medical Alumni Association of Southern California will hold its annual meeting at the new Statler Hotel, Los Angeles. The speaker will be J. Englebert Dunphy, '33, secretary of the Harvard Medical Alumni Association.

WASHINGTON

The Harvard Medical Alumni Society of Washington, D. C. met at a luncheon at the Statler on September 30, in connection with the Annual Medical Assembly of the District of Columbia. The local Community Chest president was the speaker. The Army, Navy, Public Health Service, physicians, and surgeons in private practice and house officers were well represented. There was even an alumna, Dr. Jean Dawson, in training at Children's Hospital. Edgar Beddingfield, '48 from Stantonsburg, N. C. was there as a guest. Others present were: Col. J. E. Ash, H. S. Bernton, Christopher Bever, Montgomery Blair, Jr., Walter Boyd, F. C. Fishback, R. Hallborg, David Howell, Hayne Kendrick, Lawrence Kilham, J. P. Leake, F. G. MacMurray, Homer Matthews, John Minor, F. K. Mostofi, Col. L. E. Putnam, Sydney Ross, Marshall Ruffin, Col. B. M. Tully, J. L. Vanderlaen, Lt. Col. Clark Young. Further meetings are planned for the winter months.

CLASS OF 1927



Twenty-fifth Reunion



CHARLES J. E. KICKHAM, J. HOWARD SHANE

The Silver Jubilarians—the Class of 1927—convened on Tuesday, May 27 in the Faculty Room at the Medical School where with many of our wives in attendance we renewed old friendships and acquaintances. Cocktails and luncheon followed in Vanderbilt Hall. Later in the afternoon our Class Meeting was addressed by Drs. Sam Levine, Merrill Sosman and Harry Trimble. Then came the official Class photograph. We and our girls next set our compasses for Welch Road, Brookline, where we had a delightful “get-together” at the home of Bill Marlow and his most hospitable wife. Several of our former prosfs also attended.

On Tuesday evening we had open house at Sid Farber’s Jimmy Fund Center, where the program included dinner, movies, some impromptu quartets and the Gregory Loiacono banjo duet.

The following noon it was cocktails and luncheon at The Country Club, Brookline. We had allowed the morning hours for sleep, recuperation or hospital visits. Alumni Day festivities at the Medical School followed.

The grand finale was our Class Dinner Wednesday evening at the Harvard Club, where those who had hair let it down, while the ladies were dining at the Chil-

ton Club. Lang Parsons officiated as toastmaster and be assured he was *par excellence*. (We wish we could remember half his toasts!) The Class gift of \$8,630.00, to which 92 members or 77% of the Class had contributed, was presented to Dean Berry, who responded briefly in appreciation. Tom Lanman, '16, Director of Alumni Relations, then made a few remarks. Various members of the Class were called upon to tell “the story of their lives”—and there were some beauts!

On Class Day, May 29, our president, the burly Texan, James Howard Shane, presented the second Alumni Association Prize to H. Robert Dudley, Jr., '52.

In all, 70 of the 121 members of the Class and 45 wives attended. A special feature was the publication of an anniversary booklet which was distributed to all who attended and mailed later to those who had been unable to come. The Class is extremely grateful to Mrs. Wilson of the Alumni Office, and her assistant Miss Schwab, who did all the work in preparing our program, and to Mrs. Bill Marlow, who took such wonderful care of the ladies.

So our 25th Reunion ended and we headed home to await the call of 1957.

CHARLES J. E. KICKHAM, Secretary.



F. WILLIAM MARLOW, R. FULTON JOHNSTON

Reunions

Fifty-first Reunion

The Class of 1901 met for dinner at the Harvard Club of Boston on May 28 to celebrate their 51st Reunion. David Cheever presided and the following members were present: Horace Binney, John L. Bremer, Benjamin T. Burley, Arthur A. Chase, John H. Cunningham, Albert Evans, Martin T. Field, Joseph C. O'Connell, James W. Sever, Frederick L. Taylor and Peter H. Thompson.

Features of the meeting were reminiscences by Cheever of past days in the School, a poem by Evans and anecdotes by various members. Benjamin Burley was elected to fill the vacancy in the Executive Committee resulting from the death of Nathaniel K. Wood last January.

HORACE BINNEY, *Secretary*

Fiftieth Reunion

It was a pleasant sunny day when the boys came to town to attend Alumni Day at the Medical School, with its instructive program and luncheon in the Quadrangle. But the big event for the Class of 1902 was its 50th Reunion, held at the Harvard Club later in the day. The dinner was attended by 21 out of 50 living members. The festivities began at the cocktail bar where, after handshakes, the men renewed acquaintances. From their agility and high spirits it was evident that the years had dealt kindly with the remaining members.

The class president, Frank Palfrey, presided at the dinner. The secretary read a list of the living members and reported on the Class contribution to the Medical School Fund. Much of the time was spent in swapping stories about experiences in medical practice and in reminiscing about the old days at the School.

Communications, with regrets, were received from Ham Rice, Ed Gushee and Lloyd Mills. Mills, writing from California, tells us of his extended vacationing in

Spain, where he hopes at some later date to have the La Palma Orchestra introduce his Symphony in C Major. He is a many-sided fellow!

During the dinner one of the classmates made a motion that the treasurer loosen up and buy more cocktails than the allotted two. This was voted down—whether it was because there was only one thirsty member or in deference to the presence of our classmate, the Reverend Raphael Thomas, I couldn't say. And, by the way, Thomas related some interesting stories about his work with the natives in the Philippines, where he spent most of his life as a physician.

The following men attended the dinner: John Adams, Arthur Emmons, John B. Ferguson, Fritz Gay, Archibald Gardner, Willard C. Greene, Roland Hammond, George Hathaway, Charles Keene, Herbert Lang, George McCoy, George Moore, Sam Myers, Frank Palfrey, Alvin Pappenheimer, Ernest Small, Ralph Stratton,



ALBERT EVANS, '01



1902



1907



1912

Raphael Thomas, James Torbert, Beth Vincent and George Winchester.

All of us had a good time and all of us are looking forward to our 55th Reunion.

GEORGE W. WINCHESTER, *Secretary*

Forty-fifth Reunion

Twenty members of the Class of 1907 dined at the St. Botolph Club, Boston, after the Alumni Day exercises. Almost all were mutually recognized by their classmates in spite of mild changes in physical appearance and none was obviously changed mentally; so the dinner went off cheerfully. A discussion of medical education of the present day as contrasted with our own curriculum, based on suggestions made in the April number of the Harvard Medical Alumni BULLETIN, was not productive of any comments useful to the School. Certainly there was no violent remonstrance to present teaching methods, in spite of the fact that several of our classmates have recently had sons at the Harvard Medical School. This could not have been said ten years ago when two of our members, now gone to their rest, were opposed to our whole system of teaching. Only one note of difference was sounded by several speakers, namely, that in their opinion the dedication of the student to service was too often contaminated by his self-aggrandizement and the money urge. That the recent graduate was prepared to practice medicine and carry out research better than we were agreed to by all. Perhaps these comments are to be expected from men of 70 years who admit that their practice becomes yearly more geriatrically directed.

Altogether the dinner was a most agreeable success and to a man they agreed to be on hand for our 50th Reunion.

Present were the following: Fred H. Allen, Holyoke; James B. Ayer, Boston; Francis G. Barnum, Brookline; William J. Brickley, Boston; Arthur W. Carr, Bridgewater; Patrick A. Devaney, Waver-



ARCHIBALD R. GARDNER, CHARLES H. KEENE
AT THEIR FIFTIETH REUNION

ley; Archibald M. Fraser, Boston; Fred A. Higginbotham, Watertown; James L. Huntington, Hadley; James P. Leake, Washington, D. C.; Oliver A. Lothrop, Boston; Earl J. Mathewson, Pawtucket, R. I.; Mason R. Pratt, Swampscott; Laurence B. Reed, Plymouth; John E. Rice, Worcester; Augustus Riley, Boston; Richard M. Smith, Boston; Frederic A. Stanwood, Wellesley Hills; Roy E. Sturtevant, Lake Forest, Ill.; and Irving J. Walker, Boston.

JAMES B. AYER, *Secretary*

Fortieth Reunion

In 1912 we graduated 63 men. In 1947, 48 classmates were living and 26 came to the 35th Reunion (52%). We had such a good time in 1947 that the Class voted to meet again two years later, and in 1949, 17 of the 45 members (38%) were present at the informal gathering in Marblehead.

To the 40th Reunion on May 28 and 29 came 19 men, three of them all the way from the West Coast—Samuel L. Alter, Los Angeles; Lewis W. Hackett, Berkeley; and Eugene W. Rodkey, Portland, Oregon. Others came from shorter distances—Donald V. Baker, Boston; Lyman G. Barton, Jr., Plattsburg, N. Y.; Louis H. Bauer, Hempstead, N. Y.; Frederick A. Coller, president of the Harvard Medical Alumni Association, Ann Arbor, Mich.; Joseph A. Donovan—father of two important doctor sons—Houlton, Maine; and

Herbert H. Howard, Boston. William A. Hinton (the Hinton test) was with us at the Medical School, but could not go to Marblehead. Alvah S. Miller came from Rochester, N. Y.; Joseph L. Murphy from Taunton and A. William Reggio from Medfield, Mass. Orville F. Rogers, who has been in charge of student health at Yale for 35 years, came from New Haven. Clifford G. Rounsefell came from Exeter, N. H.; Wilson G. Smillie, recently retired from the professorship of public health at Cornell, and Philip D. Wilson, professor of orthopedic surgery there, came from New York. McIver Woody from Elizabeth, N. J.

On Tuesday, May 27, some of us attended the luncheon of the Aesculapian Club, held at the Dedham Country and Polo Club. We heard Alan Gregg, '16, director of The Rockefeller Foundation, Dr. Hale Ham, newly made professor of clinical research at Western Reserve, and Dean Berry talk on present-day problems in med-

ical education. Finally, we heard Ezra Lamdin, '51, talk about instruction; the importance of teaching as opposed to investigation. Dr. Lamdin was in a tough spot, but he handled himself and his subject beautifully.

On Wednesday morning, May 28, at the School, John W. Cline, '25, president of the American Medical Association, addressed the alumni. Lunch on the lawn was followed by a series of short papers by various instructors who reviewed the broad aspects of their current problems.

At 4:30 p.m., 18 members of the Class of 1912 were finally disposed in automobiles and motored to the "Ship's Cabin" in Marblehead. Mr. C. H. W. Foster, Harvard 1881 (now aged 92), former Treasurer of the Massachusetts General Hospital, owns the "Ship's Cabin" and was there to welcome us. He had been young once, and he was very tolerant of our bottles and the rejuvenation which they produced. His manager, Mrs. Anne Pope,



HERBERT L. ELIAS, JOHN B. SEARS, RICHARD CHUTE ENJOY THEIR TWENTY-FIFTH REUNION

was very cordial. She did, in fact, give us "the best dinner you can provide", with lobsters fresh from the harbor of Marblehead. We dined well. After dinner, we gathered in a large circle and our president, Philip Wilson, called on each man in turn to say a few words about himself. Louis Bauer, new president of the American Medical Association, appreciated his responsibilities and hoped for our support in a tough assignment. Alvah Miller had spent some time in China in a town on the Yangtze River. There was \$300,000 available for a new hospital, and there was a good building already in place. The difficulties of persuading the occupants to give it up and so make the new hospital possible are amusing now; they were pretty serious to Dr. Miller at the time. Fortunately, he knew how to cater to the Governor. Bowing and scraping as he presented his formal request, he ended with a threat to withdraw the money. *That* resulted in a prompt signing of the pact which released the building!

Lewis W. Hackett did not say too much about hookworm or yellow fever or malaria, but he did say that he went to the tropics in 1914 when Drs. Milton J. Rosenau, Theobald Smith and Walter B. Cannon had recommended him as a very promising student who knew why yellow fever had been eliminated from a certain village when the swamp was drained. Nowadays, D.D.T. applied to the swamps, the houses and even the clothing, has abolished the insect-borne diseases from many areas.

What a pleasure it was to be in this group of interesting and important men! To know that each and every one of them was a close personal friend warmed our hearts and gave us good reason to be proud that we belonged to H.M.S. '12. After the speeches, the hour was late, there was a little confusion about putting the right man in the right room, but Mr. Foster was not disturbed, and all was well.

Breakfast on Thursday morning was a pleasant occasion. Another picture was

taken on the porch, and then we returned for Class Day at the Medical School.

FRANCIS M. RACKEMANN, *Secretary*

Thirty-fifth Reunion

The 35th Reunion of the Class of 1917 last Alumni Day was the first get-together of our class since we left School at irregular intervals during our fourth year. Several members completed the fourth year while at sea or on battlefields because of the urgent need for medical officers early in World War I. Nine of the Class have remained in the U. S. Navy for life-time careers.

Thanks to the help of the Alumni Office, we were able to get in touch with all the living members of the Class. The following men were present: Dennette Adams, Robert W. Belknap, Frederick R. Brown, Edwin P. Buchanan, Edmund B. Fitzgerald, Francis C. Hall, Victor C. Jacobsen, Samuel I. Kennison, Armin Klein, Moses Lurie, James M. McCarthy, Jr., James B. Moloney, F. Garm Norbury, Leroy E. Parkins, Walter J. Pennell, John N. Shirley, Joseph K. Surls, Hartwell G. Thompson. Four men from the Class of 1916 were our guests at the dinner. On the whole we were able to recognize each other, but at times the disguise of Father Time was almost complete!

The happy idea of having guests from the Class of 1916 was the thought of Tom Goethals, their secretary. We enjoyed their presence very much. We commend this suggestion to other classes. Contemporary school friends will be most welcome to attend our future reunions.

We all agreed that the new plans of the Alumni Association for Alumni and Class Days hold much for the future growth of the Association and will encourage closer and more cordial relations with the School. All who attended plan to be on hand for our 40th and we have had word from many absentees that they will be with us "next time."

LEROY E. PARKINS, *Secretary*



1916 AND 1917



1932



1937

Thirtieth Reunion

The 30th Reunion of the Class of 1922 was held on May 28. The following classmates attended with their wives: Basil E. Barton, G. Colket Caner, Leo M. Davidoff, Thomas M. Dudley, Edwin B. Dunphy, Marion Fletcher Eades, Clarence H. Falstad, James R. Glazier, Bernard I. Goldberg, Joseph Goldman, Jerome R. Head, George Kahn, Robert E. L. Loring, Kenneth L. MacLachlan, Michael E. McGarty, Ralph C. McLeod, Hugh L. Robinson, Herbert W. Salter, Howard B. Sprague, E. Myles Standish and William H. Van Wart; and those without their wives were: Henry Baker, Stanton Garfield, Thomas P. Kendrick, Moses Kopel, Grantley W. Taylor, Edward G. Waters and Lois Wolff.

We were fortunate in having wonderful weather. Most of the men went to the Alumni Day luncheon at the Harvard Medical School and listened to several talks given there after the lunch. The talks were very well attended—in fact, there were many standees and I am told that the talks were very good indeed. A few classmates went to my place at Manchester early and all came for cocktails there. We had a very competent accordion player and there was a good deal of sing-



EDWARD D. CHURCHILL, '20

ing and general gaiety. Later we went to the Essex Country Club at Manchester and a clambake was served outdoors. There was some dancing and singing and when darkness descended Howard Sprague showed some very interesting slides of the original Harvard Medical School building and some early pictures of the Massachusetts General Hospital. He also showed many humorous slides taken from fifty years ago, showing the change in costumes and other things of interest, and a movie of some of the men who taught us in Medical School. All this was accompanied by amusing chatter. Leo Davidoff also showed some interesting slides taken in Israel and in Iran when he was on a medical commission there.

Everyone seemed to have a very good time and expressed himself as looking forward to future reunions.

G. COLKET CANER, *Secretary*



DR. HARRY C. TRIMBLE AND ANTHONY
J. LOIACONO, '27

Twentieth Reunion

The 20th Reunion Dinner of the Class of 1932, held on May 28 at the Harvard Club, was a jovial gathering of 56 classmates.

Carl W. Walter, the class agent, reported that the Class Fund stood as follows:

1951	47 donors gave \$6,626; average gift, \$141.
1952	51 donors gave \$6,001; average gift, \$117.
TOTAL	\$12,687

It was voted to abandon the concept of a 25th Reunion Gift and to join in the recently announced alumni plan of annual giving. Accordingly, Carl Walter was authorized to release the money held in escrow by the Treasurer of the University so that it may be used currently for teaching purposes in the Medical School. The opinion was expressed that every effort

should be made to maintain the average annual gift at the present level throughout the productive professional life of the group as the acknowledged share of the median classmate in the cost of maintaining the teaching program. The group also instructed Dr. Walter to urge the appropriate authorities of the University to undertake a drive for permanent funds to achieve a more realistic solution of the financial problems of the Medical School than relying solely upon alumni support.

The Class president, Frank Cutts, reviewed the necrology as follows: Alfred Seymour Reinhart died in 1931; Lee H. Koehler, in 1934; Travis Shaw Griffith, in 1935; Carl Cutting Corson, in 1939; Frederick James Cunningham Smith, in 1942; Lebertad R. Gaetan, in 1942; Charles E. Walker, Jr., in 1944; Robert Sanderson, in



JAMES B. AYER, '07 AND F. GORHAM BRIGHAM, '09

1945; Theodore Everett Hardy, Jr., in 1949; Wright Platt Hewitt, in 1950 and Scott Scowcroft McCune, in 1950.

CARL W. WALTER, *Class Agent*

Fifteenth Reunion

The 15th Reunion of the Class of 1937 was held at the Harvard Club of Boston on May 28. We had an excellent dinner and spent the evening entertaining ourselves with reminiscences. A lively discussion concerning Veterans Administration medicine and the problems associated with it was led primarily by Jack Nunemaker and enjoyed by all. It was encouraging to hear that a definite attempt is being made by those responsible to keep the medical program in the Veterans Administration at a high scholastic level and to keep politics out of the picture. This seems to be fairly successfully accomplished to date.

Lester Yee arrived from Honolulu just in time to join us for dinner and represented the member of our Class who had travelled the greatest distance for the party. In all, 31 of the Class attended the dinner.

JOSEPH R. FROTHINGHAM, *Secretary*

Tenth Reunion

The Class of 1942 held its Tenth Reunion on May 28. Maria and Mel Osborne were very kind and invited the whole class for cocktails at their home in Chestnut Hill, following which everyone went to the Hotel Continental in Cambridge for dinner. Forty-nine members of the Class were present as well as 35 wives. Richard

Warren, '34, gave an excellent talk on some of the problems in medical practice in the Veterans Administration. A picnic arranged for the next day by Bill McDermott and Doug Farmer was washed away in a deluge, but those who stayed were royally entertained by the Charlie Williamsons. Charlie Macgregor is to be thanked for serving as treasurer of the Reunion, as is Mrs. Wilson of the Alumni Office, who did all the paper work.

OGLESBY PAUL, *Secretary*

Fifth Reunion

The Class of 1947 held its fifth Reunion Dinner at the Harvard Club of Boston on May 29. The event was attended quite enthusiastically (see picture), but minimally (due to martial priorities) by: Nat Brackett, Jim Davis, Hermes Grillo, Hughes Kennedy, Bill Peete (who was dinner chairman), Clint Piper, Elliott Robinson and Ralph Wedgwood.

From Wonju came the following message which was formally presented at the Reunion: "Chinese say no tickee, no reunion; but we send our best wishes. War is hell, but we are gradually becoming Oriented. Suggest ten-year Reunion be held in Seoul, as you'll all probably be with us by then." The communication was signed by Ed Billings and Nate Davis, Pusan; Chauncey Hall, Taegu; Mac Olney and Jim Shannon, 8209 MASH; and Holly Smith, 11th Evac. Hospital, Wonju.

Best wishes also came telegraphically from Dave Howell in Washington.

HERMES C. GRILLO, *Secretary*



1947

ELLIOTT S. ROBINSON, JR., B. HUGHES KENNEDY, III, WILLIAM P. J. PEETE, NATHANIEL P.
BRACKETT, JR., CLINTON A. PIPER, JAMES McC. DAVIS, HERMES
C. GRILLO, RALPH J. P. WEDGWOOD

Remember These Dates

ALUMNI DAY AND REUNION DINNERS
THURSDAY, MAY 28

CLASS DAY
FRIDAY, MAY 29

ANNUAL DINNER
WEDNESDAY, JUNE 3
(New York City)

Book Reviews

THE METABOLIC RESPONSE TO SURGERY.

By Francis D. Moore, M.D. ('39), and Margaret R. Ball, A.B. 167 pages, 56 illustrations. Springfield, Illinois: Charles C. Thomas, 1952. Price, \$7.50.

In this book the authors present a quantitative description of disturbances of metabolism following surgical procedures. Their extensive study rests mainly on day-by-day balance measurements of the extra-cellular electrolyte sodium and the two prominent components of protoplasm, protein and potassium. The wide range of circumstances affecting the balances of these electrolytes, such as degree of surgical trauma, various processes of deficit and effects of replacement therapy, is covered by data from thirty patients which are graphically recorded by a uniform and easily legible method of charting. The daily balances displayed by the charts are the product of a vast number of chemical analyses, 13,000, we are told, but like the stitches in tapestry they tell an exciting story clearly. One follows breathlessly the perigrinations of sodium, potassium, and protein to positions which proclaim satisfactory convalescence. The story usually, but not always, has this happy ending. Plot is provided by misadventures along the way, some of which might have been avoided by more judicious replacement therapy. Body temperature and caloric intake are also charted and, when available, circulating eosinophiles and the excretion of 17-ketosteroids as indices of endocrine intervention. Additional relevant data from the blood plasma are also given. The application of this well-devised plan of description to a representative series of situations has been well rewarded. General features of metabolic behavior following surgery and their therapeutic implications have been brought clearly into view.

The reader will be interested to learn that, contrary to current concept, the impact of surgical trauma does not play an appreciable role in the production of deficits of nitrogen, potassium and sodium. These losses are in the main a physiological response to the simple circumstance of fasting and an attempt to replace them over the usual short period of post-operative starvation is not indicated. Interestingly, in the depleted patient the outgo of these substances in the urine was found to be much smaller than for the patient who is in a state of nitrogen, potassium and sodium afflu-

ence, owing, we may suppose, to the urgent need for conservation produced by pre-operation deprivation. But in spite of this defensive response the path to convalescence remains difficult and hazardous and the authors emphasize the importance of restoration of normal nutritional status before operation, when possible. The losses in the urine under renal and endocrine restraint are usually not quantitatively important. Extra-renal processes of deficit over which physiological mechanisms have no control are in another category. Here losses may be dangerously rapid and require energetic replacement therapy. Such situations are thoroughly illustrated. In a chapter devoted to the non-surgical trauma of burns the ultimate in deficit production is described.

The hope of parenteral therapy is that rough repair of gross defects in the chemical organization of the body by providing water, protein and a few electrolytes will enable physiological processes to recover their usual accuracy of function in accepting and utilizing a complete assortment of food substances with resulting repair of a multitude of minor defects. In this process of recovery of normal nutritional status the authors place emphasis on replacement of body protein deficit, but not to the extent of believing that such important processes as wound healing and defense against infection are unable to carry on in the presence of a negative nitrogen balance. An excellent chapter is devoted to parenteral provision of protein and the relation of total energy intake to its utilization. The often puzzling behavior of potassium, sodium and chloride is interpreted within the limits of existing knowledge and a therapeutic rationale is derived which avoids some common errors. Timing of replacement in relation to the sequence of post-operative events is considered with appropriate emphasis on early restraint followed by energetic deficit repair. This is nicely illustrated by data describing a transient post-operative failure to utilize proferred protein.

In the final chapter, basal concepts for the care of surgical patients are developed and estimations of deficits in widely different situations are given as guiding data. A large merit of this excellent book is that if the reader does not quite agree with interpretation of the evidence summarized in this chapter, he is provided the entertainment of consulting an abundance of observed data and making his own surmise of their significance.

Surgical diets and parenteral supplements which suit the precepts presented are described in detail in a very useful appendix.

The book is clearly and concisely written with a pleasing avoidance of sententious verbiage; the alarm reaction is mentioned but is paren-

thesized. In view of the quantity and variety of material dealt with, the book is a remarkable tour de force of exposition. It will have a large serviceableness.

JAMES L. GAMBLE, '10

A TEXTBOOK OF PHARMACOLOGY. By William T. Salter, M.D. ('25). 1240 pages with 284 figures. Philadelphia, Pennsylvania: W. B. Saunders Company, 1952. Price, \$15.00.

This book supplies a long-felt need. It is, as Dr. Salter says, a book encompassing the things the medical student and the practitioner of medicine should know and understand about pharmacology and drug therapy. It reflects throughout the late author's excellent training in basic and clinical sciences.

The material is divided into four parts consisting of: (I) The General Principles of Pharmacology, (II) Drug Actions and Physiological Mechanisms, (III) Application of Drugs in Clinical Medicine and (IV) Toxicology.

Part I is concise but adequately covers the material for those for whom the book is intended. Part II provides most interesting material, reads easily and gives excellent explanations of fundamental physiological mechanisms which enable the readers to understand and correlate the action of drugs more readily. This is the most important part of the book. It covers 800 of the 1240 pages, and justifiably so. Whenever possible, drugs affecting a system or physiological mechanism are treated as a group and various members are compared for similarity and degree of action. For example, over 130 pages are devoted to the autonomic nervous system and the effects of various drugs upon it.

Although Part III is devoted to the application of drugs in clinical medicine and is excellent, it by no means covers all the clinical material in the book. Dr. Salter has throughout brought out the clinical use and value of drugs.

The few pages given to toxicology are inadequate and not up to the excellent standard of the rest of the book. For example, in discussing the treatment of barbiturate poisoning, the author recommends washing out the stomach with warm water and instilling magnesium sulfate into the stomach as a cathartic. Both of these procedures are highly questionable. The former is likely to lead to pulmonary aspiration and pneumonia rather than to do any real good, while the latter is capable of leading to further central nervous system depression from the magnesium ion which can be absorbed in large amounts from the intestinal tract and, with the

oliguria so often present in barbiturate poisoning, is slowly eliminated. However, these criticisms are very minor and in no way detract from the excellence of the book.

The style is refreshing and very readable, reflecting the author's wide experience. It is a worth-while book which covers the subject thoroughly.

DALE G. FRIEND, '35

ELEMENTARY MEDICAL STATISTICS, THE PRINCIPLES OF QUANTITATIVE MEDICINE. By Donald Mainland, M.B., Ch.B., D.Sc. 327 pages with 23 figures. Philadelphia, Pennsylvania: W. B. Saunders Company, 1952. Price, \$5.00.

Most of the older works on biostatistics (e.g. Yule) were prepared expressly for the specialist; of late others (Potter, Hill) have been designed to guide graduate students, clinicians and epidemiologists. The present volume appears expressly written for undergraduate students and also for "a group of workers for whom the author, from experience of the difficulties of research on human subjects, has a great admiration—those clinicians who are striving to set their observations on a sound basis." With this fine tribute in the preface to the second oldest of the world's professions, the honeymoon is over and on page 2 the disciples of Aesculapius find rolling pins in the air: "Since medicine is so quantitative we might expect that practitioners would avoid the simpler mistakes in dealing with counts and measurements, but almost any volume of a medical journal contains faults that can be detected by first-year students after only three or four hours' guidance in the scratching of reports." Inasmuch as most practitioners are more at home cutting for the stone than fingering a slide-rule, they can't complain too much at the holier-than-thou's that sprinkle the book like garlic salt. Here is a *vade mecum* containing many excellent tips on planning therapeutic trials and the treatment of mass data.

Particularly lucid is Mainland's development of the rationale for binomial classifications and mathematics, "important because we can divide any population into two classes: dead, alive; neutrophil leukocytes and non-neutrophils; patients whose blood is positive for syphilis, patients whose blood is negative." After discussion of statistical significance, standards of confidence and probabilities, the stage is set for the treatment of binomial distributions. Thorough discussion of chi square and other significance tests is also given.

The volume obviously represents a compilation

of lectures and this is both its strength and weakness—strength because the purchaser can go to night school for a five-dollar bill; weakness because it lacks polish, is somewhat oversimplified and, without meaning to be, is a trifle pompous. As with all informal lectures, deficiencies are present and some statements simply do not bear up under the cold scrutiny of the printed word.

For example, the few pages (37-39) devoted to causal interpretation, multiplicity of causes, time relationships and associated agents are good enough as far as they go, but that is not very far from a biologic and ecologic point of view. The discussion is of fallacies and what causation is not, rather than what it is. The emphasis at times is so completely statistical that it deprecates biological thinking. This criticism would be unfair were it not for the way the author wags his finger at all the imperfections of medical research. For example, on page 33 a whole page is devoted to the subject of "spurious replication" that is to say, counting the same thing over again. A report is cited showing the occurrence of dental caries among five-year-old children in a certain city:

	1943	1945
Number of children	1,870	691
Number of teeth	36,196	13,381
Carious teeth	30.1%	26.5%
Noncarious teeth	69.9%	73.5%

Any conclusion that there had been a drop in dental caries between 1943 and 1945 is branded by Dr. Mainland as fallacious because "a child with a tendency to caries commonly shows caries in more than one tooth. Therefore each mouth should have been counted as one individual or unit in measuring the tendency to caries. By counting the teeth as units the same tendency to caries was measured over and over again, almost 20 at times." Although he is making a point that does need much thought and clarification, he glosses too easily over the simple biologic fact that each tooth is an individual with specific positioning, and contours that make it more—or less—vulnerable to decay. The incisor teeth, for example, are more resistant to caries than the second molars. A tooth is a biologic unit quite as much as its possessor and the upper right bicuspid has not been multiplied by 20 when all the teeth of 1,870 children have been examined. A host of studies have proved the validity of using DMF (diseased, missing, filled) formulas as indices of caries experience and control by measures such as fluoridation of water supplies. Moreover, in a recent publication¹, Fertig and Chilton have developed an ingenious method

of using the teeth in one mouth for both test and control purposes at the same time. The teeth on one side of the mouth were treated topically with a caries-inhibitory agent while those of the other side comprised the control population. Results demonstrated clearly and with statistical significance the efficacy of treatment, and incidentally, the validity of DMF counts as an index of caries susceptibility and the limitation of counting each mouth as one unit.

With such reservations the volume can be recommended to members of the medical profession who are confronted with the bitter necessity of dusting off their algebra books when their friends aren't looking. The work will surely go into a new edition which would profit from critical editing.

THEODORE H. INGALLS, '33

¹ Fertig, John W. and Chilton, Neal W.: An appraisal of various methods employed to analyze the clinical effectiveness of caries-inhibitory agents, *Am. J. Pub. Health*, Vol. 43, No. 7, pp. 825-833, July, 1952.

THE PRINCIPLES AND METHODS OF PHYSICAL DIAGNOSIS. By Simon S. Leopold, M.D., 430 pages with 390 illustrations. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$7.50.

Dr. Simon S. Leopold, an internist with many years' experience in teaching physical diagnosis, has written an interesting book on this subject. Although in general it follows the time-honored format of text books on physical diagnosis, it is succinct and not unwieldy.

Approximately one third of the book is devoted to an excellent description of the examination of the chest. It is in this portion of the book that the author's objective of "correlation of physical signs with physiologic and pathologic changes in disease" is well evident. The portions of the physical examination usually considered in the surgeon's realm are on the whole well done, but lack the clinical detail the author has provided in other sections of the book. For example, the examination for hernia is briefly passed over, as the author admits, but it is a very important part of the examination, since the diagnosis of hernia is in most instances made by physical examination alone. There are other errors of omission that will strike the surgeon's eye, but these criticisms are not fair in that the book was not designed for teaching examination of the surgical patient.

The book is profusely illustrated with photographs and drawings from many sources. The majority of these illustrate the signs of well-

established processes and the remainder demonstrate methods of examination.

The student of physical diagnosis will find this book a valuable aid.

THOMAS W. BOTSFORD, '35

A TEXTBOOK OF HISTOLOGY. By Alexander A. Maximow and William Bloom. New, Sixth Edition. 616 pages with 986 illustrations. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$10.00.

This is a satisfying revision of a well-written and comprehensive textbook of histology which will continue to enjoy wide use and popularity. As before, the book presents a morphological and functional description of the cells, tissues and organs of the human body. This presentation is sufficiently complete and authoritative to make it worthy of strong recommendation both as a text and a reference book in microscopic anatomy. However, first-year medical students are likely to find this book too thorough for everyday use.

Many changes and improvements have been made since the last edition was published only two years ago. These changes include use of a larger size type and, in large part, replacement of sections which in previous editions appeared in small type. There are many new and improved photomicrographs—a step in the right direction since they begin to replace some of the reproductions of older European drawings. Some of the chapters have been extensively revised and most of them shortened without loss of essential material. The textbook also includes an interesting but still inadequate amount of allied material from the rapidly expanding fields of histochemistry and biophysics, including electron microscopy.

The functional applications of histology, especially those dealing with the endocrine glands, seem better handled than in the last edition. However, the reviewer feels that the sections dealing with function in general are the weak links in an otherwise strong chain. Where the text does not stray from the morphological aspects of microscopic anatomy, it is, indeed, authoritative. There are but few statements, such as "mitochondria are rich in nucleoproteins," which cannot be taken as an accurate account of present knowledge.

Dr. Bloom is to be congratulated for an improvement of a good textbook of histology and for skillfully producing a book which has unity of style, though many chapters were written by other authors.

RUSSELL J. BARRNETT, M.D.

CORRELATIVE CARDIOLOGY: An Integration of Cardiac Function and the Management of Cardiac Disease. By Carl F. Shaffer, M.D., F.A.C.P., and Don W. Chapman, M.D., F.A.C.P. 525 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1952. Price \$9.50.

This work attempts to integrate in outline form the principles of management of cardiac disease with cardiac pathological physiology. The outline is fairly complete and should serve as a useful guide to students who want to organize their own knowledge or teachers who wish to plan a course in cardiology.

The outline form, however, gives in itself many false impressions, particularly on controversial points. The skeletal presentation is at many points incomplete, and destroys the all-important emphasis which is necessary to give the reader a true picture of our present state of knowledge. The relative importance of the etiological factors in each condition receives little consideration, and there is not even an attempt to list these factors in order of their occurrence or significance. Several important specific causes of collagen disease are not even mentioned.

Finally, many of the basic physiological concepts throughout the entire book should be corrected, clarified, and amplified, particularly the sections relating to circulation time, vital capacity, cardiac output, and circulo-regulatory reflexes. It is impossible to recommend this book as an authoritative outline of cardiology.

WALTER GOODALE, '44

DISEASES OF THE CHEST. By T. Royle Dawber and Lloyd E. Hawes. 440 pages. Baltimore, Maryland. Williams & Wilkins Company, 1952. Price, \$10.00

This book by Dawber and Hawes is an excellent contribution in its summary of diseases of the chest. Its x-ray coverage is very complete. Its classification of diseases is well carried out and its roentgenological illustrations are plentiful as well as beautifully selected and reproduced. In fact its hundreds of x-ray reproductions, appearing on every other page, are the outstanding feature of the book. These make it a unique reference book for those who are interested in the close relationship of cardiac and pulmonary disease.

Clinically the brief thumbnail sketches of each of the diseases are interesting and concise. Rapid advances however, in pulmonary physiology and chemo-therapeutic methods make it tough

for any text book on chest diseases to keep pace with these changes. In this book, however, the authors have a good batting average in keeping up to date. Roentgenologically there is little left to the imagination, which is good, and the selection of material is carefully thought out and meticulously presented. The value of fluoroscopy in the examination of the heart and lungs has been developed less than the clinician would like, for visualization of the functioning thorax is a most informative procedure.

It would be nice if the arguments and constant reverberations over "what is primary as opposed to reinfection tuberculosis" could be settled as easily as they are in the section on tuberculosis. Unhappily this distinction seems to depend more on that elusive factor of differences in resistance and susceptibility of the patient rather than upon any characteristic clinical or x-ray pattern of disease. Even the pathologists are wrangling over the similarities of "primary" and "reinfection" tuberculosis. Treatment since the advent of the new drugs is still going through mercurial changes, and antimicrobial

regimens, as well as attitudes toward pneumothorax, thoracoplasty and excision surgery vary rapidly.

The clinical sections on mycotic infections, acute pulmonary problems, the pneumoconioses and heart disease are excellent and the x-ray illustrations again are superb. Stress on the asymptomatic pulmonary lesion would have been instructive.

The authors are to be complimented on assembling this book on "Diseases of the Chest" which is not only beautifully edited and completely prepared but extremely informative. Its chief value is as a splendid roentgenological reference, and a last appeal in the diagnosis of diseases of the chest. The careful, laborious work that went into its preparation makes this book one of great practical help to physicians and surgeons in their respective specialties whether or not they limit their work to chest diseases. To the general practitioner it should be most useful.

THEODORE L. BADGER, '26

Remember These Dates

**ALUMNI DAY AND REUNION DINNERS
THURSDAY, MAY 28**

**CLASS DAY
FRIDAY, MAY 29**

**ANNUAL DINNER
WEDNESDAY, JUNE 3
(New York City)**

The Stethoscope



Now that we have cocktail shakers, glasses, ash trays and match boxes as well as official publications emblazoned with the Medical School's shield, growing numbers of alumni wish to know its history and significance. The story is short and simple.

In preparation for the Tercentenary Celebration of 1936, a great deal of thought was given to appropriate decorations for this great event. The Committee on Arms, Seals, and Diplomas selected Mr. Pierre de C. la Rose, '95, as its heraldic expert to design various flags and streamers which would suitably depict different aspects of Harvard's history. In each instance, heraldic techniques were employed, and the heraldic procedures which Mr. la Rose adopted followed a wide-spread ancient practice, especially common in the arms of the colleges of the universities of Oxford and Cambridge.

For the Medical School, Mr. la Rose chose the coat of arms of our first professor, John Warren, to represent our School. Thus, in heraldic language, our shield reveals a *lion silver* and a chief, *chequy gold and azure*, above which is superimposed the chief of Harvard.

In words with which most of us are more familiar, the field of our shield is red, technically *gules*. This is a standardized color well recognized by all official flagmakers. In the times past, it has been twice officially declared by the Corporation to be the color of the field for Harvard University arms. It is not crimson—Harvard's livery color so to speak—which is the officially established color for the silk lining of our academic hoods. While crimson is a very clear bright red, it has not the slight admixture of yellow which can be noticed in the *gules* of standardized bunting red.

Our shield is divided into two parts

separated by a narrow band or fillet which is colored in alternate yellow and blue divisions—*chequy gold and azure*, or if you prefer a more formal and accurate way of saying this, the fillet is *gobony gold and azure*. "Chequy" and "gobony" are pleasant sounding ancient words. "Chequy" means checkered like a checker board, as are the squares in the original Warren shield; "gobony" means cut up in pieces as a fillet actually is.

In the lower part of our shield is the Warren lion. He looks not quite so peculiar a character as he appeared to be originally but nevertheless is an acceptable lion with his tongue out, his tail up, and looking as if he were springing into action with the zeal and eagerness that traditionally characterize all Harvard Medical School graduates.

In the upper part of our shield is the Harvard chief: on the red of the field, the three white books which spell out *Veritas*. The yellow and gold of the bindings, clasps and edges of the books are merely attractive accessories.

If one compares the first Dr. J. C. Warren's bookplate with our shield, one can see



The first Dr. J. C.
Warren's bookplate



The Medical School Shield

the transition between the chequy chief of the bookplate and the gobony fillet of our shield; and the change in appearance, too—for better or worse—that has overcome the lion.

As a final paragraph to this story is the interesting fact that although the Medical School shield came into the public eye in 1936, yet only recently did anyone suggest using it for decorative purposes. It took a Princetonian—Dr. George Packer Berry, our Dean—to realize its quaintness, attractiveness and interest. What a pity it is that the fillet is not gobony orange and black!

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THE ASSOCIATION AND ITS BULLETIN

1927 - 1952

Any institution of learning, so called, in order to exert its rightful influence on the particular culture to which it is addicted, and to attract able students into its fold, must have consistent alumni support. To this end the Alumni Association of the Harvard Medical School was originally established and, despite various vicissitudes, it has generally succeeded in functioning much as might be expected.

Pleasant relations with the alma mater do not in themselves constitute a basis on which a strong association is built; it must also have concrete and continuing motives for its existence. A very strong motive in the case of the Harvard Medical School Alumni Association was the creation of Vanderbilt Hall, plans for which were developed as early as 1908, only two years after the new buildings of the Medical School were completed. The idea was revived with the enthusiasm that might have been anticipated when Elliott Joslin became president of the Association in 1922; the plans went forward and the building was ready for occupancy in September, 1927.

While the dormitory was building, during the presidency of the late Philemon E. Truesdale of Fall River, the current series of the BULLETIN came into existence as his contribution to the development of a strong Association, and has been in continuous publication ever since. The very first BULLETIN had dawned upon a waiting world in 1891, the "new series" being published from 1905 to 1915. The hopes for the present series, then and thereafter, may perhaps best be expressed by quoting President Lowell's message published in the opening number in March, 1927:

I write to tell you how much value I think the MEDICAL SCHOOL ALUMNI BULLETIN may have. There is great importance in anything that will keep the alumni in touch with the School, let them know what the instructing staff is doing, how they are attempting to teach the laboratory and clinical subjects as closely related parts of one great subject, and all as means to the treatment of patients.

One of the serious difficulties encountered by our institutions of higher learning is the ignorance on the part of the alumni of the changes that have taken place since they graduated, and their consequent inability to understand the progress that has been going on, any one part of which seems to them inconsistent with what they suppose the rest of the institution to be.

Therefore I welcome most heartily the foundation of this new bulletin.

A. Lawrence Lowell

Mr. Lowell's words have lost none of their significance in the intervening twenty-five years.

The BULLETIN, it is fondly hoped, has continued as the vital means of communication for an Association that is becoming more and more essential to the continued strength and leadership of the School. This support that the Association has provided is strikingly demonstrated in the present financial crisis in medical education, in the relief that the alumni, through their organization, are furnishing to such an important degree.

The strength of a nation, it has been said, lies in the hearts of its people, and the same aphorism may be applied to such integrated fragments of nations as their schools of medicine.

Richard Henry Miller

1884-1952

Richard Henry Miller was born in Fitchburg, Massachusetts, on October 11, 1884, and died in Boston on June 3, 1952. He received his early education in the schools of Fitchburg, his degree of A.B. from Harvard College in 1905, and that of M.D. *cum laude* from Harvard Medical School in 1910 where he ranked first in his class. He served as house officer on the East Surgical Service at the Massachusetts General Hospital and then became assistant to his uncle, Dr. Maurice H. Richardson, at that time the leading surgeon of Boston and one of the first to practice surgery exclusively in that city.

He was appointed to the visiting staff of the Massachusetts General Hospital and held the position of Visiting Surgeon when he retired from hospital work some years ago. He became a member of the Department of Surgery at the Harvard Medical School and was Clinical Professor of Surgery when he withdrew from teaching. As a surgeon he was a wise clinician and a skillful operator. His attitude toward his patients was that of selfless devotion and they responded with gratitude and affection. As a teacher he was stimulating and vivid. Even the less interesting subjects in surgery were embellished by his delightful sense of humor. His lecture on tetanus describing the patient who at great length makes his own diagnosis in spite of his medical advisers was a tradition in the School and was eagerly awaited by each succeeding class.

At the time of his death he was a member of the Board of Consultation at the Massachusetts General Hospital and Consulting Surgeon to the Hayward, Leominster, Pawtucket, and Boston-Lying-in Hos-

pitals. He was a Fellow of the American College of Surgeons, a member of the American Surgical Association, the International Surgical Society, the New England Surgical Society, and the Surgical Research Society. He made many contributions to medical journals and was the author of *Tuberculosis of the Lymphatic System*, published in 1934.

Dr. Miller achieved a distinguished career as a military surgeon. At the time of the Mexican border incident he joined the 101st Field Artillery, Massachusetts National Guard. After its return he retained his commission and went overseas with it when it became part of the 26th Division at the beginning of the First World War. He became regimental surgeon, attained the rank of major, was twice cited by General Pershing, and was decorated with the Silver Star and the Purple Heart with Oak Leaf Cluster.

Educated in the humanistic tradition before the idea arose that a young man aiming toward medicine must during his college years steep himself in the sciences, he was a man of wide culture. He was an accomplished classicist and proficient in Latin and Greek. A student of the Civil War, he collected regimental histories of many units engaged on the Union side. During the last year of his life he found interest and solace in the reading of philosophy.

Probably no doctor in Boston in his day was so beloved by his friends. His charm was ingenuous, his loyalty secure, and his integrity unimpeachable. He spoke ill of no one, and no one who knew him well could truthfully speak ill of him.

FREDERICK C. IRVING, '10

